BINDING

FOR

RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore B

CERTIFICATE OF DEATH

3. (b) Social Security Number

Mar.

74 Reg. Dist. No.

1. PLACE OF DEATH: Henryton (If outside city or town limits, write RURAL and give nearest town) 1 month, 7 days How long in above place of death?.... Hosaltal, Institution, or street address where death occurred: Maryland Tuberculosis Sanatorium Colored Branch, Henryton, Md. 3. (a) FULL NAME SARAH ELIZABETH ANDREWS

217-12-9818 MEDICAL CERTIFICATION July 1, 45 , 2.25A

(If outside city or town limits, write RURAL and give nearest town)

708 W. Saratoga St..

(If rural, give LOCATION)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

Baltimore

Maryland

female colored married Cecil H. Andrews6.(c) If alive, give age 27 years January 25. 1923 deceased (mo., day, yr.) 8. AGE: It less than one day Baltimore, Md. (Town, county, and state) Housewife 10. Usual occupation.... at home 11. Industry or business Walter Stansbury 12. Name...... Virginia Rebecca Howard 15. Birthpiace New Castle. Delaware Reuben Hoffman. M. D. 16. informant.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from May 25, and that I last saw h er alive on DURATION Immediate cause of death

1945

Pulmonary Tuberculosis

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Major findings of operations.....

Accident, suicide, or homicide..... Where did injury occur?(City or town)

(Include pregnancy within 3 months of death)

Injured at home, farm, Industry, public place (where?)

Means of Injury

Address - Henryton, Md.

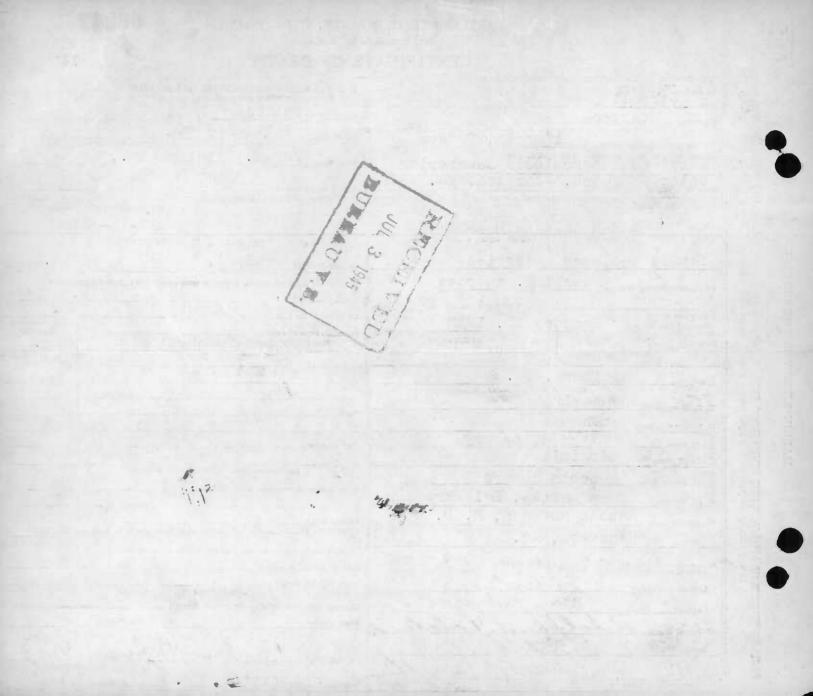
important.

Address

Registrar (Date rec'd by registrar) Loca

Date fhereof......

Henryton, Md.



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH



1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Of AMED IN	(For newborn infants give residence of mother)
City or town Buras Washmans Las	State M. d. County To distributed
. (If butside city of town finites, write ACAAM and give nearest town)	City or town Jural Westmeinster
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
nospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Emily Jane world	Youl
4. Sex 5. Color or race 6.(d) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7 W widow	
1 a weaver	20. DATE OF DEATH 1945 at 21 A M
6.(6) Name of husband or wife. Casaldanny Casald	21. I CERTIFY that death occurred on the tale above stated; that Lattended deceased from
	may 1 1944 to July 11 1945
7. Birth date of years	and that I last saw h. Dr. allive on Sanal S. 19.45
deceased (mo., day, yr.) 700. 19 - 1860	
8. AGE: Years Months Days If less than one day	Immediate cause of death
84 7 22hrs. min.	1. 20 generation 2 ms
1 11 0	Q. Company of the com
9. Birthplace (Town, county, and state)	Due to.
1	•••••••••••••••••••••••••••••••••••••••
19. Usual occupation. J. C. W.	Due to
11. Industry or business	
12. Name martin Bitzsl	Other conditions Calma brook
Z 13. Birthplace Germany	
<u>ac</u>	(Include pregnancy within 3 months of death)
14. Maiden name Elizabelt	Major findings of operations
2 15. Birthplace Carroll Co. md.	Date of op
16. Informant May Land Gasuch	Antopsy results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Austrumte, and.	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Deen has keen.	Where did injury occur?
Location Smaller vord, Carrol Go. md.	Injured at home, farm, Industry, public place (where?)
1120 1 101.	Means of Injury Injured at work?
18. Funeral director. Dankard Don	10 and mp
Address Is extraines to med.	G KYOO OO CATU VOOMA".
17/11 11 - PN1. 1	23. SIGNATURE M. D. or other
19. (Date ree'd by registrar) Registrar	M. P. attack and Atol may be in the
(Data rec'd by registrar) Registrar	Address Date signed

DELESS THE REST OF STATE OF A STATE OF

CHARGO SI CAN SI CHARGO

deptembered a resemble build

ROTTONERS THO AND INSELLED

Ca Sa

THE STATE OF THE PARTY OF THE P



PLEASE WRITE

VS A15

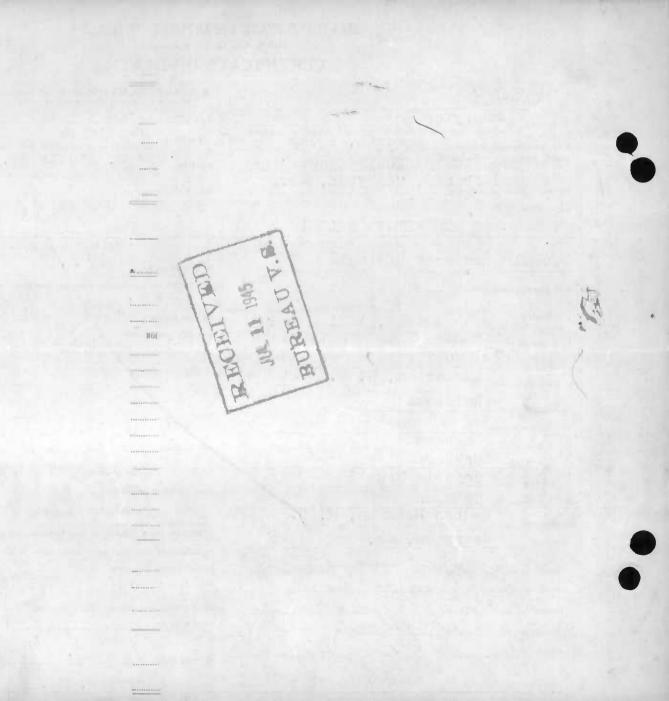
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1	
1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or fown Henryton	State Maryland County
City or town	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? I HOHOTI I Cay	City or town (If outside city or town limits, write RURAL and give nearest town)
Maryland Tuberculosis Sanatorium	Street No. 524 W. Biddle St.,
Colored Branch, Penryton, Md.	(If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
QUEEN ESTHER BALDWIN	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female colored single	20. DATE OF DEATH July 5, 1945 1.30P
6.(b) Name of husband or wife	June 4, 45 to July 5, 19 45
	and that t last saw h. er alive on July 5, 19 45
deceased (mo., day, yr.)	
8. AGE: Years Months Days If less than one day	Immediate cause of desth
24 0 0min.	
g. Birihplace	Due to
11. Industry or business	Due to
	-
12. Name	Diher conditions
	(Include pregnancy within 3 months of death)
E 17. Marketi Hamic-	Major findiogs of uperations.
15. Birthplace Unknown	- Date of op.
Reuben Hoffman, M. D.	Autupsy results.
Address Henryton, Md.	PHYSICIAN: Please underline the eause tu which death shootd he charged statistically.
12.1.1	22. VIOLENCE: tf death was due to external causes, fill in the following:
17	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Mostly Carolina	Injured at home, farm, Industry, public place (where?)
Odorhen Da J.	Mgans of Injury Injured at work?
18. Funeral director	ad 7 (11=
Address 9/8 Street Hell Cler	23. SIGNATURE Cechoer AD Gran m. D. M. D. or other
19. (Date rec'd by registrar) 19. The purple of the Registrar Registrar	Address Henryton, Md. Date signed 7/5/45



. Date signed ./ - 2-6-

MARGIN RESERVED FOR BINDING

SA

(Date rec'd by registrar)

the state of the state of

MINISTER OF BENEFIT

RECEIVED
JUL 10 1945
BUREAU V. 8.

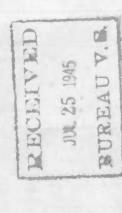
PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 187

06853

CERTIFICAT	Reg. Diat. No.	*******
1. PLACE OF DEATH County City or town. Sykesville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 12 yrs., 9 mos., 26 day; Hospital, institution, or street address where death occurred: Springfield State Hospital How long in hospital or institution? 12 yrs., 9 mos., 26 day	Street No. 2838 W. Lanvale St. (If rurai, give LOCATION)	
3.(a) FULL NAME Mary Elizabeth Brookhart	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female white Single	MEDICAL CERTIFICATION 20. DATE OF DEATH July 19 19 45 at 8:4	10p,
6,(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.75 to 19.19 19 and that I last saw h.f. A. alive on 25.49 19 19 Immediate cause of death.	Y.S.
8. AGE: Years Months Days It less than one day hrsmin.	Galmonary Tuberinlosis 3 m	
9. 6irthplaceBaltimoreMd	Due to	· · ·
14. Malden name ?Emrine 15. Birthplace Maryland	(Include pregnancy within 3 months of denth) Major findings of operations	
16. Informant Records of Springfield State Address Hospital, Sykesville, Md. 17. Comparison (Burial, cremation, or removal, Which?) Cemetery or crematory (month) (day) (year) Location (Marial director) (Marial Carlot) (Marial director) (Maria	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically 22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide	



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 933 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: County Clare outside city or town limits, write RURAL and give nearest town) information carefully of death clearly and (If outside city or town limits, write RURAL and give nearest town) Hospitat, Institution, or street address where death occurred: (If rural, give LOCATION) 2.(a) If veleran, name war..... How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number none 4. Sex MEDICAL CERTIFICATION every item of i LARGIN RESERVED FOR BINDING m. 20, DATE OF DEATH .. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7. Birth date of and that I last saw h.....alive on deceased (mo., day, yr.) DURATION If less than one day 8. AGE: Years ADING INK. Physicians: pl 1D. Usual occupation .. 11. Industry or business WITH UNF (Include pregnancy within 8 months of death) 14. Malden oame, 15. Birthplace PHYSICIAN: Please ooderlice the caose to which death should he charged statistically. 22. VIOLENCE: It death was due to external causes, fill to the tollowing: Accident, suicide, or homicide..... Where did injury occur?(City or town) Injured at home, farm, lodustry, public place (where?) Injured at work? Means of Injury 18. Funeral director. Date signed ... !



M	ARVI	AND	CTATE	DEPARTMENT	OF	HEAT TI
ITE	AKIL	.ANU	SIAIR	DEPARTMENT	E314	HP AL II

2411 N. Charles St., Baltimore

.... Date signed.

CERTIFICATE OF DEATH

	Reg. Dist. No. J
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fog newborn infants give residence of mother)
County	(md.
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long In above place of death?	City or town
How long in above place of death?	
	Street No. Moun & C.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
	3. (b) Social Security Number
5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
thata Mite Maried	Tules 12 41 630D
mare many	20. DATE OF DEATH 19.75 at 0
6.(b) Name of husband or beletting Buchman	21. I CERTIFY that death occurred on the date above stated; that I attended doceased from
	(Movember 19 44 19 July 13 18 45
7. Birth date of	and that I last saw has seen alive on the Jack 1945
deceased (mo., day, yr.) Jan. 4 1863	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	for the second s
82 6 9hrsmin.	Cardiac Haixuro Ida.
Maria David	Mus- and Land
9. Birthplace (Town, county, and state)	Due to.
10. Usual occupation Davidsone December	and the state of t
	Due to.
11. Industry or business forms of the contents	
12. Name fact Buthman	Other conditions Texterior class the
13. Birthplace Mary Con	Galley Clinclude pregnancy within months of death
14 Maiden name Satherine Relsa ((Include pregnancy within 5 months of death)
14. Malden name Lathering Polys	Major findings of operations.
El 15. Birthplace	Date of op.
18. Informant Colectio Buchman	Antopsy results
Address Manchister Wid	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, eremation, or removal, Which?) Date thereef (month) (day) (year)	Accident, suicide, or homicide
(month) (day) (year)	
Cemetery or crematory emelling	Where did injury occur?
Location Manchester Tulkeron	Injured at home, farm, Industry, public place (where?)
18 Frank House ta est Ullinia la la land	Means of Injury Injured at work?
18. Funeral director	1/1/00 11/
Address Maenes	23. SIGNATURE X. L. Touler, U.S.
19 July 15 1945 Mrs. W. P. J. Dennes	M. Dior other
(a) ate red a by registrar) Registrar	Address Manchesky may Date signed 1-15-43

BUREAUV.B

The Washington

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution? informatic of death 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex MEDICAL CERTIFICATION tem of i FOR BINDING 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6.(b) Name of husband or 7. Birth date of deceased (mo., day, yr.) Months Days If less than one day 8. AGE: MARGIN RESERVED a 9. Birthplace (Town, county, and state) 10. Usual occupation. 11. Industry or business important. (Include pregnancy within 3 months of desth) 14. Malden na 15. Birthplace Major findings of uperahuns. especially PLAINLY, is especially PHYSICIAN: Please underline the cause to which death abould be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, eulcide, or homicide..... (month) (day) (year) Where did injury occur?(City or town) (County) Injured et home, farm, Industry, public place (where?) injured at work? Means of Injury Address

Registrar

about

DURATION

(Date reo'd hy registrar)



M. D. or other

important. PLAINLY, is especially WRITE

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: Counly. Carroll City or town. Henryton, Md. (If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh? 3 months, 11 days			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
			state Maryland County		
			Feston M		
Hospital, Institution, or	street address where	death occurred:	Doute 7 Da		
Colored	Branch	llosis Sanatorium Henry ton, Md.	(If rural, giv	e LOCATION)	P
How long in hospital o	r Institution?	110112 J 0011 J Mus	. 2.(a) If veteran, name war	***************************************	
3. (a) FULL NAM	E			3. (b) Social Securit	y Number
		BEATRICE ISABEL	L COOPER		
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced		ERTIFICATION	
female	col.	single	20. DATE OF DEATH July 24,		5,10:15
1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	************************		end that I last saw h. O.T. alive on JU.	45 to July ly 24,	24, 19 45
8. AGE: Years	Months	Days If less than one day	Pulmonary Tuber		
2	3 7	23hrsmin.			1945
9. Birthplace	aston 1	id.	Due to		*****
10. Usual occupation	Facto	ry Worker	Due to		*****
	ohn Coor Easton,	er Md.	Other conditions		****
14. Malden name Lucinda Hinton 15. Birthplace Easton, Md.			(Include pregnancy within 8	••••••	****************
16. Informant Reuben Hoffman, M.D. Address Henryton, Maryland			Autopsy results. PHYSICIAN: Please underline the cause to w		
17 Burist. Boto sharper Feely 26/45:			22. VIOLENCE: If death was due to external cal	uses, fill in the following;	

Where did injury occur?

LOCA Registrar Address Henryton, Md. Date signed

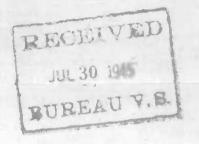
Meens of Injury

(City or town) Injured at home, farm, Industry, public place (where?)

PLEASE NS

45

(Date rec'd by registrar)



74

Reg.	Dist.	No.	

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Carroll			***************************************	Manuland Mont come no
City or town	nry ton	mits, write RUR.	AL and give nearest town)	
How long in above place	of death? 1 n	nonth,	days	City or town. Caithersburg (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or	street address where	death occurred:		
Maryland	Branchcu	Hesist	Sanaterium	Street No
How long in hospital or	Institution?		y	2.(a) If veteran, name war
3. (a) FULL NAME				3. (b) Social Security Number
		STAUZY	ALEXANDER CO	PLIN
4. Sex	5. Color or race	6.(a)Single, ma	rried, widowed, or divorced	MEDICAL CERTIFICATION
male	colored		single	20. DATE OF DEATH. July 31, 19 45 21 8: 30 4
6.(b) Name of husband of	or wite			21. I CERTIFY that death occurred on the date above stated; that t ettended deceased from
			ollyn glys ogs years	June 25, 19 45 to July 31,19 45
	Canto	mh an 1	alive, give ageyears	and that I last saw h imalive on July 31, 19.45
deceased (mo., day, yr) Septe	mber l'	f less than one day	Immediate cause of death
34	10	2.4		Pulmonary Tuberculosis May
			hrsmin.	1945
9. BirthplaceG	aithersh	ourg, Mo	3	Due to
	Chart		,	
10. Usual occupation				Due to
11. Industry or business		~ .		
12. Name All			3	Dther conditions Tuberculous Peritonitis
	Gaithers	sburg,	Md.	(Include pregnancy within 3 months of death)
HLOW 14. Maiden name	Mary W	lashing:	ton	
15. Birthniace	Gaithe	rsburg	Md.	Major findings of operations.
16. Intermant Re				Date of op.
Uc				Autopsy results
Address	enry ton,			22. VIOLENCE: If death was due to external causes, fill in the following;
17 / Dar		Date thereof	(ponth) (day) (year)	Accident, suicide, or homicide
Ida as hounds		(month) (day) (year)		
Cemetery or cremetor	× -	7///	J. 144	Where did injury occur?
Location	non v	see o	roungoine	Anjured at home, farm, Industry, public place (where?)
18. Funeral director tobot a. Succession			redebler	Mesns of Injury Injured at work?
Address A	ma line	lla	m	1. 1 400 m 2
Tana	77 45	811	51	23. SIGNATURE. Deckees M. D. or other
19. JULY	31, 45	aldside	IK Swanpp	
(Date rec'd hy reg	istrar)	Depu	ty Local Registrar	Address Henryton, Md. Date signed 7-31-45

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE



TARGIN RESERVED FOR BINDING

CERTIFICA	TE OF DEATH Reg. Dist. No. 24
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outskie city or town limits, write RURAL and give nearest town)
Mospital, Institution, or street argress where feeth occurs. Mospital, Institution, or street argress where feeth occurs. Mospital, Institution, or street argress where feeth occurs. Move long in hospital or institution?	Street No
3. (a) FULL NAME	C. Community Number 3. (b) Social Security Number
4. Sex 5. Color or race 6.(α)Single, married, widowed, or divaced Augle	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 21. 5.30
6.(b) Name of husband or wife	and that I last saw h allive on 1973. Immediate cause of death DURATION
9. Birthplace (Town, spinty, and syste) 1D. Usual occupation. 11. Industry or business	Due to Due to Colerosis 15 mm
12. Name Calling Calmille 13. 8Irthplace 14. Maiden name Calling Calmille 15. 8Irthplace	Other conditions (Include pregnancy within 3 months of death) Major findings of operations.
16. Information of the Address 42 h oloman of	Autopsy results
17. Burial, cremation, or removal. Walchi) Cemetery or crematory Cemetery or crematory Oate thereof transportation (day) (year) Cemetery or crematory	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director. 6 M Sutur Source Address 505-00 Pot st Hagustown	Injured at home, farm, Industry, public place (where?) Means of Injury Injured al work?
Address 1945 C. Glasey West ADate reed by registrar) Registra	23. SIGNATURE M. D. C. Styles M. D. C. Styles M. D. Date signed 145



PLEASE WRITE PLAINLY, WITH CNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly.

FOR BINDING

MARGIN RESERVED

VS A15

06860 7#

CERTIFICATI	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County City or town. (If outside city or town limits, write RURAL and give pearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war.
3. (a) FULL NAME Frederick Crowth	3. (b) Social Security Number
Male. White. Widowed. or divorced Widowed.	MEDICAL CERTIFICATION 2D. DATE DF DEATH WILLY 11, 1945 at 10 A.
6.(b) Name of husband or wife Frances Shaw. 6.(c) It alive, give age years 7. Birth date of deceased (mo., day, yr.) November 6, 1867. 8. AGE: Years Months Days If less than one day 77. 8. 5hrs. min.	21. I CERTIFY that dead occurred on the date above stated; that I ettended deceased from Upril 27, 1937, to uly 1, 1945. and that I last saw h.m. allve on July 1, 1945. Immediate cause of death DURATION 30 min
9. Birthplace New York N. y. 10. Usual occupation. Laundry Worker. 11. Industry or business 12. Name. John Henry Crowther. 13. Birthplace England.	Due to Due to Diher conditions Psychosis with Cerebral
13. Birthplace England. 14. Malden name Lydia —? 15. Birthplace England. 16. Interment Springfield Hospital Record.	Arterios clerosis - prior to 6-11-36. (Include pregnancy within 8 months of death) Major findings of operations. Date of op.
Address Sylvesville, Md. 17. Burial, cremation, or removal. Which?) Date thereot. (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should he charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
Location Bull Miles Company Co	Where did injury occur?
Address 5305 Heaffel Rd. Bull. Md., 19. (Date rec'd by registrar) 19. (Date rec'd by registrar)	23. SIGNATURE Marry F. Baer, M. D. or other Address Systesville, Md. Date signed 7-11-45

Buckeyiell Proposition BUREAU V. S. Level of with the work of the sta Spring old Straits month

Peterson Street Street

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 316

CERTIFICATE OF DEATH

068616 eg Dist. No.

	Rog. Dist. 140.
1. PLACE OF DEATH: County Carray City or town. (If ontside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
3. (a) FULL NAME ARTHUR FRANCIS	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Singlo, married, widowed, or divorced MALE WHITE MARRIED	MEDICAL CERTIFICATION 20. DATE DE DEATH MEDICAL CERTIFICATION 77.
6.(b) Name of husband or wife RENE WHITE NG 5.(c) If alive, give age Search 7. Birth date of deceased (mo., day, yr.) FRIL 6, 1888 8. AGE: Years Mooths Days If less than one day 57 2 26 hrs. min. 9. Birthplace County, and atate) 10. Usual occupation Sales Man Search County, and atate) 11. Industry or bosiness 12. Name Sales Gay Man Search County (County) 13. Birthplace Not 16 County	and that I last saw h. A. alive on
13. Birthplace NOT (NOWN 14. Maiden namo FRANCES HAFE 15. Birthplace NOT KNOWN 18. informant MRS H. F. DANJ Address NESTMINSTER, MD. R. 6. 17. DURIAL Date thereof (month) (day) (year) Cemetery or crematory KRIDER'S CEMETERY Location NEAR NESTMINSTER, MD. 18. Funeral director I. FRANCIS REESE	(Include pregnancy within 3 months of death) Major Endings of operations
19. (Onto gold by peristral) Registral Registral	23. SIGNATURE Dewine Bon (M.D. or other 1/2/48





06863

2411 N. Charles St., Baltimore 234

CERTIFICATE OF DEATH

			Reg. Diat. No	f
1. PLACE OF DI	EATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
CountyCarr		***************************************	(For newborn infants give residence of mother)	
City or townBer	rett (R	D. Sykesville, Md) imits, write RURAL and give nearest town)	State Maryland County Carroll	
		fe	City or town R. F. D. Sykesville (If outside city or town limits, write RURAL and give r	
	or street address where			
			Street No	
How long in hospital	or institution?		2.(a) If veteran, name war	***************************************
3. (a) FULL NAM	1E		3. (b) Social Securit	v Number
	There and a		#	,
4. Sex	5. Cofor or race	B.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
30.3				D
Male	White	married	20. DATE OF DEATH JULY 16. 19.45	8:45
6.(b) Name of husband	d or wifeMary	y Eliz. Dorsey	21. I CERTIFY that death occurred on the date above stated; that I attended de	ceased from
			July 15 19 45 to July	16 19 45
7. Birth date of			and that I last saw himalive onJuly	1945
	yr.) April :		Immediate cause of death	DURATION
8. AGE: Year	2 3	Days If less than one day	Cerebral Hemorrhage	2 da
7.	3 0	hrsmin.	3-	
B. Birthplace	arroll Co	county, and state)	Due to Arterio-sclerosis	2 vrs
	17		and Hypertension	
10. Usual occupation.	~ /	LA)	Bue to.	
11. Industry or busine	" Wetc	ed		N
置 12. NameW.1	lliam A.	Dorsey	Diher conditions Chr. Myocarditis	? yrs
13. Birthplace	Marylar	nd	Old cerebral hemorrhage (Include pregnancy within 3 months of death)	5 yrs
14. Malden name	Mary A	Leatherwood	(Include pregnancy within 3 months of death)	
14. Malden name.			Major findings of operations	****************************
	Marylar			*************************
18. Intermant M.X.	s.Mary E	Liz. Dorsey	Antopsy results	
Address S	ykesville	e. Md.	PHYSICIAN: Please underline the cause to which death should be charge	d statistically.
	1 1	11 / 10 10	22. VIOLENCE: If death was due to external causes, fill in the following;	
	n, or removal. Which?)	(month) (day) (year)	Accident, suicide, or homicide	
Cemetery or cremat	or Wester	J. T. Ellow Coll	Where did injury occur?(City or town) (County)	(State)
Location Edit	lesburg	Courtable Co. Mill.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director	12	Harrie Zileen	Means of Injury Injured at work?	
Address		la Ma Sand	000 0 1. 0:00	
1 1	/	exille, med.	23. SIGNATURE Stanting Trabill	or other
19. Date reed by re	Segistrar)	C. Gary Ille Registrar	Address Mt Airy Md Date signed	4
1		Registrar	Date signed	

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

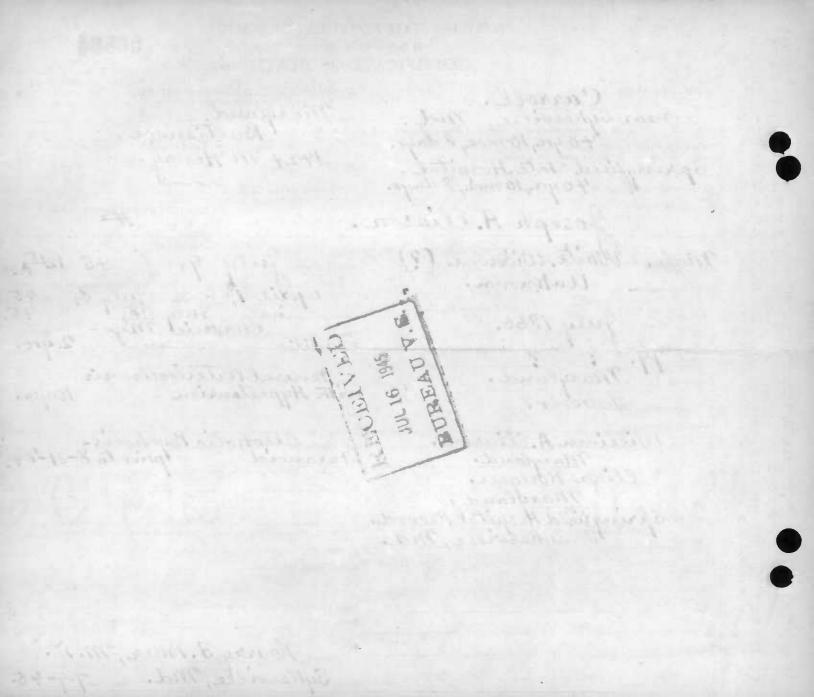
VS A15

MARGIN RESERVED FOR BINDING

Homen at the one mail and a call the

BOLLVEL

The state of the s



2411 N. Charlee St., Baltimore 108

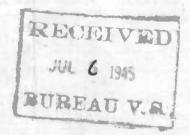
CERTIFICATE OF DEATH

06865

				III OI DE	TAXA.	Reg. D	iet. No	
1. PLACE OF DEATH:	Ca	rroll		2. USUAL RESI	DENCE (HOM)	E) OF DECEASED		
County	******************	***************************************		(For newborn infants give residence of mother)				
City or town(If outside city How long in above place of death?	limita writa E	TIRAT and give nearest town	state Maryland County Carroll					
How long in chara place of dools?	01 (0 413	Life	CONAD and give nearest town)	City or town	Salem			
How long in above place of death?				City or town (If outside city or town limits, write RURAL and give nearest town) R.D. 6 Westminster (If rural, give LOCATION)				
				Street No	Street No			
New less in heartful or institutions	***********	. *** * * * * * * * * * * * * * * * * *	***************************************	14				
How long in hospital or institution?	******	***************************************		2.(a) If veteran, nam	e war	***************************************	***************************************	
3. (a) FULL NAME		HARVE	Y L. FRIZZEL			3. (b) Socia	al Security Number	
4. Sex 5. Color o	race	6.(a)Singi	e, married, widowed, or divorced		MEDICAL	. CERTIFICA	TION	
Male White		Ma:	rried	2D. DATE OF DEATH. July 5 19 45 11 6 15				
	70 -	and the state of	10 - 10-1	2D. DATE OF DEATH	xucy	2	19. 4J , at 0 - P	
6.(6) Name of husband or wife	Be	rule.	r. LLTZZeTT	21. I CERTIFY hat de	eath occurred on the da	ite above stated; that	attended deceased from	
			e) If alive, give age	Ju	2 10	19.4.4 to	 	
7. Birth date of		April	2, 1880	and that I let saw h.	Malive on	fuel to	19 4	
deceased (mo., day, yr.)					/	/ 7		
8. AGE: Years Mont		Days	If less than one day	P		•	DUNATION	
65	3	0	hrs	in. Land	- Tiles	1100 0711 0	- 2 dec	
Carrol	l Co	Mar	vland				***************************************	
3. Birmpiace	county, and s	tate)	Due to					
10. Usual occupation Ins	ice Sa	lesman	7/	70				
	*************	*****************	***************************************	Due to	oxphere	- Frair	e va yes	
11. Industry or business William	~ V	Was a C		_	***************************************	• • • • • • • • • • • • • • • • • • • •		
12. Name William 13. Birthplace		***************************************	Other conditions					
	Maryl							
H 14. Maiden nameH	etta :	Lindsay	(Inc	iude pregnancy with	in 8 months of death)			
14. Maiden name		~~ A	Major findings of op-	erations	******************************	***************************************		
≥ 15. Birthplace	Maryl				Date	of on		
16. Informant Mrs. Be	rtie	E. F.	rizzell					
	minst	er, Md.				be charged stotistically.		
Burial				22. VIOLENCE: If de	eath was due to extern	al causes, fill in the foll	owing:	
17. Burial, cremation, or removal	Date there	7-5-45 (month) (day) (year)				ate of		
S	a Am		(month) (day) (year)					
Cemetery or crematory	***********		~ · · · · · · · · · · · · · · · · · · ·	where did injury occu	(City or to	wn) (Coun	ty) (State)	
Location Salem, Ca	rrol	.1 Co.	Md.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
18. Funeral director	C.	M. W.	altz	Means of Injury	1/2	Injured a		
	***********	Winf	ield, Md.	••	8 4	-2	1.	
Address		44 7777	1014,	23. SIGNATURE	Rule	Jon	(Mass.)	
. Queles 4	· 28	-	d. M. Fare	23. SIGNATURE		4	M. D. or other	
(Date regid by registrar)	· · · · · · · · · · · · · · · · · · ·	***	Registr	Address Address	Humate	Mesela	18 signed 7/3/45	

PLEASE WRITE PLAINLY, WITH UNEADING INK. Supply every item of information carcfully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

MARGIN RESERVED FOR BINDING



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13/2

CERTIFICATE OF DEATH

06866 Reg. Diat. No...

1. PLACE OF DEATH: Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Woodhine	Maryland County Court
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or towe
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME THOMAS F. GOSN	ELL 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	2D. DATE OF DEATH July 24 19 45 - 31 5; 30 P M
6.(b) Name ether or wife Lurena M. Gosnell	21. I CERTIFY that death occurred on the date above stated; that I gitended deceased from
	Tealer 23 1045 1 July 24 1045
7. Birth date of March 12, 1863	and that I last saw h LAM allye on Sulsa 24 0 1945
accessed (mor, sept. 1.7	Immediate canse of death
8. AGE: Years Months Days If less than one day 12	Usernia - acute
toomtoon MIS.	Superimposed on chr. memia 2 yra
9. Birthglace Can ll Co. Maryland	Due to Chr. Interstial nephrilis ? yse
(Town, county, and state) Farmerretired	
1D. Usual occupetion.	Due to arterio - Chrosis ? yrs
11. Industry or business	
Jesse Gosnell	Other conditions
Jesse Gosnell 12. Name	
Ann Thomas	(Include pregnancy within 8 months of death)
14. Malden name. Maryland	Major findings of operations
TIS. Dittiplace	Date of op
16. Informant Mrs. E. W. Pickett	Actopsy results
Woodbine, Md.	PHYSICIAN: Please underline the cause in which death should be charged statistically.
. Burial 7-27-45	22. VIOLENCE: If death was due to external causes, till in the following:
Burial Dafe thereof 7-27-45 (Burial, creatation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or oremetery Morgan Chapel	Where did injury occur?
Locetton Day, Carroll Co. Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director	Means of Injury Injured et work?
Address Winfield, Md.	100
11/128 115. Elin M X/011 to	23. SIGNATURE M. D. or other
19. (Jute rec'dby registrar)	06.180
Deficiel of the modern as	MUNICOS PARTE SIENCE SI

BUREAU V.B. RECEIVED AUG 6 1945

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

FOR BINDING

ARGIN RESERVED

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore /3

1. PLACE OF DEATH: Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	State Maryland County		
City or fown. Sykesville (If outside city or town limits, write RURAL and give nearest town)	City or town. Baltimore (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? 3 yrs., 6 mos., 25 day			
Hospital, Institution, or street address where death occurred: Springfield State Hospital	Street No. Not known		
How long in hospital or institution? 3 yrs. 6 mos. 25 days	(If rural, give LOCATION)		
	2.(a) If veteran, name war		
3.(a) FULL NAME Morris Gowdy	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Single?	20. DATE OF DEATH. JULY 19 1945 at 9 p.m.		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
A / A M / D = 1	172ay 3136 19 45 to July 19 45		
7. Birth date of	and that I last saw h same alive on July 1904 1975		
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death		
64 ? ?hrsmin.	Oulmonary Tuberculosis 2 month		
9. Birthplace Not known			
(10wh, county, and state)	Due to		
Not known			
11. Industry or business	Due to		
E 12. Name Not known	Other conditions Post traumatic convilging 4 yrs		
13. Birthplace Not known	other conditions		
	(Include pregnancy within 8 months of death)		
14. Malden nameNo.t.known	Major findings of operations		
15. Birthplace Not known			
18. Informant Records of Springfield State	Antopsy results		
Address Hospital, Sykesville, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
A · D I D an land	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	Where did injury occur?		
Location Bally Tul.	Injured at home, farm, Industry, public place (where?)		
41:01. Deal .	Means of Injury Injured at work?		
18. Funeral director delicated by the first the state of			
Address 217 St. Pacels St.	23. SIGNATURE Helmint Crager M.D. or other		
10 July 21 1945 P. Herry Elser)	C . A A ! (W 11 . / A A . A		
(Date rec's by registrar) Registrar	Address pringfield tate Hospital Milate signed 7-20-45		

VS A15

PLEASE



MARYLAND STATE DEPARTMENT OF HEALTH

CEDTIFICATE OF DEATH

2	2411 N. Charles St., Baltimore (F9)
CERT	TIFICATE OF DEATH Reg. Dist. No. 7
1. PLACE OF DEATH: County City or town limits, write RURAL and give near How long in above place of death? Hospital, Institution, or street address where death occurred:	City or town
How tong in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Rosernary Hahn	3. (b) Social Security Number
4. Sex 5. Color or race (B.(a) Single, married, widowed, or of the single	MEDICAL CERTIFICATION 20. DATE DF DEATH
6.(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days if less than one day hrs. 9. Birthplace Janey town Carroll 2nd	and that I last saw h
10. Usual occupation	Due to
12. Name Donald G. Hahr. 13. Birthplace Janeytown, and. 14. Maiden name Pannaine Sullivan	(Include pregnancy within 3 months of death)
16. Informant Donald Y. Hahn	Major findings of operations. Date of op.
Address Westminster, P#7, Ms 17. But the property (Burlal, cremation, or removal, Which?) 18. C.	
Cometery or crematory And Commetering Location Algorithm Md 1B. Funeral director C. O. Fuss Hon	Where did injury occur?
19 July 3/ 19 45 Mary 13. W. Days red by segistrar)	23. SIGNATURE M. D. or other Registrar Address May 3 11 12 13 15 15 15 15 15 15 15 15 15 15 15 15 15

MARGIN RESERVED FOR BINDING

AUG 3 1945
BUREAU G

|--|

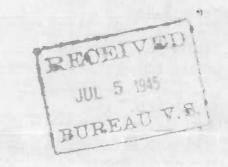
Evidence for change of year of birth of deceased chown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06870

Comparison Com	1. PLACE OF DEATH: CountyCarroll		2. USUAL RESIDENCE (HOME) (For newborn infonts give residence of	OF DECEASED: of mother)
Street Ro. Street Address where death occurred:			City or town	
3. (a) FULL NAME George W. Hess S. Coler or race 4. Sex S. Coler or race White Maried 6. (a) Single, married, widowed, or divorced Male White Married 7. Birth date of deceased (mo, day, rr.) May 17, 1846 1856 8. AGE: Years Menths Bays It less than one day 3. Birthplace Carroll County, Md. 9. Birthplace Carroll County, Md. 10. Sual scepation. Leacher. and farmer 11. Industry or business 12. In the Samuel Hess 13. Birthplace Md. 14. Major fieldings of operations Major fieldi	Hospital, Institution, or street address where death of	ccurred:	Street No.	
George W. Hess S. Coler or race S. Coler	How long in hospital or institution?		2.(a) If veteran, name war	
Male white married 6.(a) Name of husband or wife. Clara. E. Hess 7. Birth fale of deceared (no. day, yr.) May 17,1846 8. AGE: Years Months Days (flass than one day 14, hrs. min. 9. Birthplace Carroll County, and state) 10. Usual occupation.teacher and farmer. 11. Industry or business 12. Kame. Samuell. Hess 13. Birthplace Md. 14. Major findings of operations. Male mame. Ann. Cornell Major findings of operations. Major				
Male white married 6.(0) Name of husband or wife. Clara E. Hess. 7. Birth date of deceased (mo. day, yr.) May 17,1846 1856 8. AGE: Years Meaths Days It less than one day 11. Immediate cause of dath. 9. Birthplace Carroll County, Md. 9. Birthplace Carroll County, Md. 10. Usual occupation. teacherand farmer. 11. Industry or business 12. Name Samuel Hess 13. Birthplace Md. 14. Maiden name Ann Cornell 15. Birthplace Md. 16. Informant Mrs. Clara F. Hess Madress Taneytown, Md. Date of op. Address Taneytown, Md. Address Taneytown, Md. 20. Date of Death May 12. Industry that death george to the date above stated; that at standed deceased from 12. Industry of the date above stated; that at standed deceased from 12. Industry of the date above stated; that at standed deceased from 12. Industry of the date of dath. 15. Internal director. 16. On the date of dath. 16. Internal director. 17. Industry or business 18. Actions of death. 18. Actions of death of death above stated; that at standed deceased from 12. Industry of dath. 18. Funeral director. 19. Address Taneytown, Md. 20. Oate of Death May 12. Industry on the date above stated; that is altered from 12. Industry occur? 18. Address Taneytown, Md.	4. Sex 5. Color or race 6.(Single, married, widowed, or divorced	MEDICAL (
8. (c) Haive, give age years 8. (c) If alive, give age years 8. (c) If alive, give age years 8. AGE: Years Months Days tt less than one day 89 1 14. hrs. min. 9. Birthplace Carroll County, Md. 10. Usual occupation. Leacher and farmer 11. Industry or business 12. Name Samuel Hess 13. Birthplace Md. 14. Maiden name Ann Cornell 15. Birthplace Md. 16. Informant Mrs. Clara E. Hess Address Taneytown, Md. R.D. 17. Buria 1. (City or town) Date thereof (Light County) (City) (City) Cemetery or crematory. Mt. Olivet Location Frederick, Md. Address Taneytown, Md.	Male white	married	^ 1	1
89 1 14 hrs. min. 9. Birthplace	7. Birth date of deceased (mo., day, yr.) May 17,184	6.(c) If alive, give ageyea	rs and that I last saw h. Andalive on	9.45 10 July 127 18
10. Usual occupation.teacherand.farmer. 11. Industry or business 12. NameSamuelHess	0. 1.62.		Perebugal A	lemorrage 3.
12. Name	10. Usual occupation teacher and f		Oue to	
14. Malden name Ann Cornell Major findings of operations			Other conditions Willems	scurvas 21
Address Taneytown, Md. R.D. 17. Burial (Burial, cremation, or removol. Which?) 18. Funeral director C.O. FUSS & SON Address Taneytown, Md. A.D. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Injured at work?			Major findings of operations	
Date thereof Secretary Date thereof Secretary Date thereof Secretary Date of Dat			PHYSICIAN: Pleose underlice the cause to	which death should be charged statistically
Location Frederick, Md. 18. Funeral director C.O. FUSS & SON Address Taneytown, Md. Injured at home, farm, industry, public place (where?) Means of injury Injured at work?			Accident, suicide, or homicide	Date of
Address Taneytown, Md.				
as significant and a significa				- 1
	Address Taneytown, Md.		- LANDER & M. B	enner Mes



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

~	0	0	ц

CERTIF	TICA	TE OI	F DE	ATL
CERIII	ILA	IE UI	יועו י	AIL

			3	
	S	1	1	
6	-	-		
		_		-

74 Reg. Diat. No.

1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Henryton, Md.	State Maryland County
City or town. Henryton, Md. (If outside city or town limits, write RURAL and give nearest town)	Doltimons
How long to above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Maryland Tuberculogie Sanctorium	Street No. 607 Dolphin St.
Maryland Tuberculosis Sanatorium Colored Branch, Henryton, Maryland	(If rural, give LOCATION)
Now long in nospital or institutions	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
JAMES HILL	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male col. single	20. DATE OF DEATH July 20, 19 45 at 7:15P.
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from March 16, 1942, July 20, 1945
7. Birth date of deceased (mo., day, yr.) June 24, 1938	March 16, 19 42 to July 20, 19 45 and that I last saw h im alive on July 20, 19 45
8. AGE: Years Months Days It less than one day	Immediate cause of death
7 0 20	Tuberculous Peritonitis May
	1940
g. Birthplace Baltimore, Md. (Town, county, and state)	Due to Primary Tuberculosis
10. Usual occupation	Due to
11. Industry or business	
12. Name Clarence Hill 13. Birthplace Lawrence, South, Carolina	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Effie Fowler	
14. Maiden name Effie Fowler 15. Birthplace Lawrence, South Carolina	Major findings of operations.
Rouhen Hoffman M D	Date of op,
Honnyton Monriland	Autopsy results
	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
17. (Burial, cremation, or removal, Which?) Bate thereot. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Colon March	Where did injury occur?
Location Beschman ma	Injured at home, farm, Industry, public place (where?)
18. Funeral director de Lensels	Means of Injury Injured at work?
Address 578 W. Biddle St.	10 0 theline min
July 20. 1945 /11. 48 1 1/	23. SIGNATURE
(Date rec'd hy registrar) Deputy Local Registrar	Address Henryton, Maryland Date signed 7-20-45

PUREAU V.B.

2411 N. Charles St., Baltimore 1777



Maryla nd

. Date signed ..

Henryton,

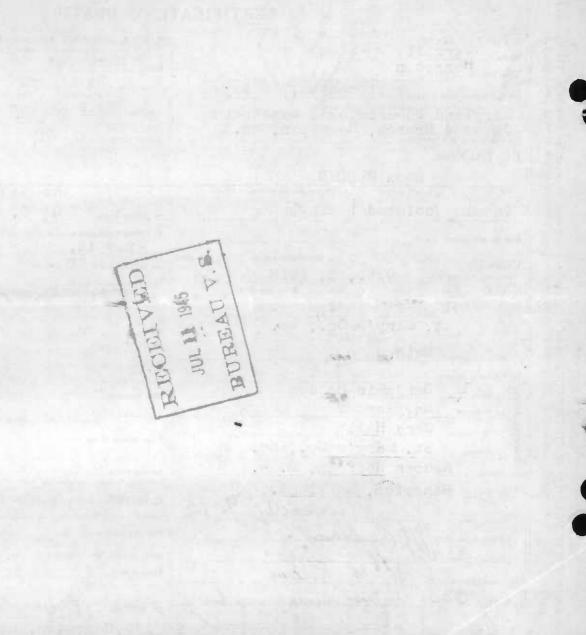
	CERTIFICAT	TE OF DEATH	Reg. Dist. No	74
1. PLACE OF DEATH: County Carroll City or town Fenryton City or town limit How long in above place of death? 11 m Hospital, institution, or street, address where death aryland Lubercus Colored Branch, 1 How long in hospital or institution? 1 3. (a) FULL NAME	ah osis Sanatorium Jenryton, Jud.	Street No. 2419 Ettin	lencé of mother) County Note that the county is a constant of the county is a cou	rest town)
ROSA HOI	6.(a)Single, married, widowed, or divorced	MEDIC	AL CERTIFICATION	
female colored	single			19 OFT
Temale colored	SERBIO	20. DATE OF DEATH July 6	19.3	, 2t G, USF
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months 31 9 9. Birthplace St. Mary's (Town, co		and that I last saw h. Er. alive on Immediate cause of death. Tuberculosis o	19 44 % July 6 July 6, f the hip	July 1943
Benjamin Holden 13. Birthplace Maryland		Diher conditions		***************************************
# 14. Malden name Cora Hal	's Co., Md.	(Include pregnancy w		
Powhon Hoffman M		Autopsy results		
		PHYSICIAN: Please underline the cause	se to which death should he charged	statistically.
Address Henryton, 17. Cemetery or crematory MA. Male	Date thereof (morth) (day) (year)	22. VIOLENCE: If death was due to extra Accident, suicide, or homicide	ernal causes, fill in the following: Date of town) (County)	(State)
18. Funeral director. SUG. B.	. Kolson	Means of Injury	Injured at work?	
Address / 3 0 3 Press	tmar, Dt.	23. SIGNATURE PROPERTY OF	Hoffman, m.	D. or other

Registrar Address....

VS A15

(Date rec'd by registrar)

MARGIN RESERVED FOR BINDING



VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)40

06873

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
EDITH FINDLEY	HORNER 3. (0) Social Security Number
FEMALE WHITE SINGLE	MEDICAL CERTIFICATION 20. DATE OF DEATH. JULY 31 1945 at A. R. M.
6.(b) Name of husband or wife 8.(c) It elive, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 62 8 24 hrs. min. 9. Birthplace FINICSBURG, CARROLL, MD, (Town, county, and state) 10. Usoal occupation GENERAL STORE 11. Industry or business 12. Name GEORGE W. HORNER	Immediate cause of death Due to Due
14. Malden name HDELAIRE WICKEIRT 15. Birthplace MD. 16. Informant MAUDE HORNER	(Include pregnancy within 8 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Flease underline the cause to which death should he charged statistically.
Address F,NK5BURG, MD. 17. BURGEN B/2/45 (Burial, cremation, or removal. Which?) Cemetery or crematory F/NK5BURG FM.	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide
Location FINKSBURG, MD 18. Funeral director FRANCIS REESE Address WESTMINSTER, MD, 19. (Date rec'd by registrar) Registrar	Injured at home, tarm, industry, public place (where?) Means of Injury Injured at work? M. D. operhor Address Addr



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (462)

CERTIFICATE OF DEATH



		OI BERTII	Reg. Diot. No. 2
1. PLACE OF DEATH: County	d give nearest town)	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r State	mother) All Carroll Write RURAL and give nearest town) LOCATION)
	***************************************	2.(u) it veteran, name war	***************************************
3. (a) FULL NAME A. Sex 5. Color or race 6. (a) Single/married, w	ridowed or divorced	int	3. (b) Social Security Number
Femail White mani	A		RTIFICATION
B. (b) Name of husband or wife. Solur le . 10	met 2	21. I CERTIFY that doubt occurred on the date above	e stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 1. Birth date of deceased (mo., day, yr.)	871	and that I last saw h	19 44
8. AGE: Years Mooths Days It less t	han one day	Cusemona 1	0 1
9. Birthplace (Town, coonty, ond state)		Due to	
10. Usual occupation		lue to	
12. Name Serman Paste	late of	ther conditions	
14. Malden name Right Grand	ther	(Include pregnoncy within 8 m	
15. Birthplace Imbrown			
16. Informant Jahren Le Harris Marie Chan Led	التنسب التنسير التنسينين والتنسير	Aotopsy results PHYSICIAN: Flease underline the caose to whi	
17 Burial Bate thereof	-24-45	22. VIOLENCE: If death was due to external caus	
Cemetery or crematory	onem, (amy) (your)	Where did injury occur?(City or town)	
18. Funeral director Sacraft Manager		njured at home, farm, Industry, public place (whe	tnjured at work?
Address Marchestu	nd	23. SIGNATURE. Jaso. E. 13	ush m. Is
19. Muly 20 19.45 MW. W. G.	J. J. Registrar	iddress Thankstead	M. D. or other Date signed 7

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE VS A15

Manchester BUREAU V.B. RECEIVED

Lycoperation of for

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

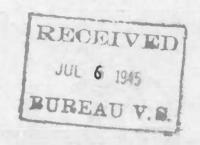
2411 N. Charles St., Baltimore (35)

CERTIFICATE OF DEATH

How long In above place Hospital, Institution, or Spring	Carr al near S putside city or town lir of death? 7 yr street address where d field St Institution? 7 yr	ykesville alts, write RURAL and give nearest town) 6 Mo., 10 days	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of restate. Maryland Councily or town. Cumberland (If outside city or town limits, Street No. (If rural, give I	write RURAL and give nea	
		Shannon Imes			
4. Sex male	5. Color or race	6.(a)Single, married, widowed, or divorced Widowed	MEDICAL CE	RTIFICATION	at:10a
	0-4-2-	6.(c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above May 1 19.4 and that I last saw h imalive on James of death	23 23	19 45 19 45
8. AGE: Years	Months 9	Days If less than one day	Immediate cause of death	& myocar-	
66			dial degeneration		l year
1D. Usual occupation	Carpente	Y	Due to		1944
13. Birthplace		es Pennsylvania	sis, manic type		8 years
14. Malden name.	Amanda E		(Include pregnancy within 3 me		
	esville,		PHYSICIAN: Please underline the cause to which		
17. (Burisl, cremation	a for removal) Which?) ory 2022	Date (heleof July 26 /9/5 (month) (day) (year)	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	(County)	(State)
18. Funeral director	m, 2/	Kight	Means of Injury	Injured at work?	
Address Qu	mberle 2 H 19 H 5 gistrar)	end, Ma. C. Flary Wins Registrar	Robert Bertrand May 23. SIGNATURE Jack Box Springfield State I Address Sykesville, Mary	trand Mar.	7-24-45



....



Reg. Dist. No.

Address A. S. Horp, Agherille, md. Date signed 7-16-45

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	2 1 1
City or town	State Many County Trebuish
(11 outside Bity of town finites, write ROTAL and give nearest town)	City or town. (If outside city or town limits, writs RURAL and give nearest town)
How long in above place of death?	
	Street No. Sox 37, Wilson Core.
springfeld state trop a	(If rural, give LOCATION)
How long in hospital or institution? 13 4 1 ms. 16 Days	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
ELSIE G. JENKINS.	none
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jense White manied	1.0 11 4- 150 1
	20. DATE OF DEATH 16 18 55 at / 50 A
6.(b) Name of husband or wife andrew lengths.	21. I CERTIFY that death occurred on the date above stated: that I altended deceased from
	Mary 31 19 32 , to July 6 19 83
7. Birth date of	and that I last saw ham alive on July 16 1975
deceased (mo., day, yr.) April 30, 1882	
8. AGE: Years Months Days If less than one day	
63 2 16min.	Pl : 4 - 0:4
	My rent 1
9. Birthplace. (Town, county, and state)	Due to
10. Usual occupation.	Book la
11. Industry or business	Due to
12. Name Thomas M. Sachten	Other conditions aummany Subrularia 15 pm.
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
I 13. Birthplace Ted. Co. Pad.	(Include pregnancy within 3 months of death)
14. Maiden name Cunthas Messell	
15. Birthplace Fred. Co. Md.	Major fiadings of operations.
15. Birthplace	Date of op.
16. Informant top tal accado.	Autopsy results
Address	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Busice 7-18-45	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
not Olivet Comele.	Where did injury occur?
Cemetery or crematory	Where did injury occur?
Location Frederick-Md.	Injured at home, farm, Industry, public place (where?)
C. E. Clin & Lon	Means of Injury Injured al work?
18. Funeral director	
Address Frederick-Md.	I ald U-Sidet m.D.
000000000000000000000000000000000000000	23. SIDNATURE M. D. or other

C. Harry Eslee

Registrar

VS A15

(Date rec'd by registrar)



MARGIN RESERVED

important

PLAINLY, V is especially

PLEASE

Address

30,

(Date rec'd by registrar)

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6-



06878

M. D. or other

Date signed 7-30-45

Henryton, Md.

CERTIFICAL	Reg. Dist: No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County City or town 647 Pierce St. (If outside city or town limits, write RURAL and give nearest town) Streef No. Baltimore, Md. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
WILLIAM HENRY .	JOHNSON
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male colored single	20. DATE OF DEATH JULY 30. 19 45 45 30A.M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from January 18, 19, 45, fo. July 30, 19, 45, and that I last saw h imalive on July 30, 19, 45. Immediate cause of death.
8. AGE: Years Months Days If less than one day 23 6 29 hrsmin.	Pulmonary Tuberculosis Aug.
9. Birthplace Baltimore, Md. (Town, county, and state)	Due to
1D. Usual occupation. Laborer 11. Industry or business	Que to
12. Name William Johnson In 13. Birthplace Unknown	Dther conditions
14. Maiden name ? Boswell 15. Birthplace Unknown	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Reuben Hoffman , M.D. Address Henryton, Maryland	Antopsy results
17. (Burial, cremation, or removal. Which?) Cemetery or crematory.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Deltasaria Maria Mari	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?



2411 N. Charles St., Baltimore /3-

CERTIFICATE OF DEATH

			1108. 27110. 1101	***************************************	
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) O	F DECEASED:		
County Carroll		Manuland	(For newborn infants give residence of mother) State Maryland County		
Cily or town		" Baltimore			
How long In above place of death? 2 y	rs, 5 months, 15 da	City or fown	s, write RURAL and give nea	rest town)	
Hospital, Institution, or street address when	e death occurred:	14 N. Garol	ine Street		
Colored Branch	culosis Sanatorium, Henryton, Md.	(If rural, give	LOCATION)		
How long in hospital or institution?	, , , , , , , , , , , , , , , , , , , ,	2.(a) tf veteran, name war			
3. (a) FULL NAME			3. (b) Social Security	Number	
	ANNIE WHITE JONE	S	none		
4. Sex 5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION		
female col.	married	20. DATE OF DEATH July 6,	19 45	7:02A	
B.(b) Name of husband or wifeJa	mes Jones	21. I CERTIFY that death occurred on the date abo	ove slated; that I attended decea	sed from	
		January 21,	43 to July 6	19. 45	
7. Birth date of	ch 17. 1905	and that I last saw h. er alive on Ju	ту б,	19 45	
deceased (mo., day, yr.) 8. AGE: Years Months	Days If tess than one day	Immediate cause of death	າດນາໄດຕ ໍ ້ຕ	DURATION	
o. Adz.		Pulmonary Tuber	Culosis	Dec. 1942	
40 3	19hrsn	nin.		1946	
9. Birthplace Norfolk,	Va.	Due to	***************************************	***************************************	
Maid	i, chamby, and peace,		*************************************	***************************************	
		Due fo		***************************************	
11. Industry or business	oling			***************************************	
	oung	Other conditions		***************************************	
3. Birthplace New York		(Include pregnancy within 3	months of death)		
14. Malden name Gussie Freeman 15. Birthplace N. Carolina		Major fiadiugs of operations			
2 15. Birthplace N. Car	olina	Date of op.			
	man, M.D.	Autopsy results.			
Honnuton		PHYSICIAN: Please underline the cause to w			
A7	1 5 11	22. VIOLENCE: If death was due to external car	uses, fill in the following:		
(Burial, crematinn, nr removal, Which	Date thereof 7-9-#J (month) (day) (year)	Accident, suicide, or homicide	Dale of	.,,,++++,	
Cemetery or crematory	alvery	Where did injury occur?	Where did injury occur?		
1 1 1	nl	Injured at home, farm, industry, public place (w			
Location	o. Wlevr	Means of Injury	tnlured at work?		
1B. Funeral director. Elvoy	D. W Coors	means of injury	mjarou at work!		
Address / voo Por	antley and	Mana Th	Afman m	G.	
July 6, 45			/// M. D. n	or other	
(Date rec'd by registrar)	alles Deputy Loca degist	rar Address Henryton, Md	Date signed	7-6-45	

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

MARGIN RESERVED FOR BINDING



· SALA

Deputy Lockedistrar Address Henryton, Md. Date signed 7-19-45

2411 N. Charles St., Baltimore 182

CERTIFICATE OF DEATH

74

3:45A M

19.45 DURATION

July

1	/ OERTH TOAT	E OI BLAIN	Reg. Dist. No.
1	1. PLACE OF DEATH: County Carroll City or town Henryton (If outside city or town limits, write RURAL and give nearest town)	Bolt imana	unty
	How long in above place of death? 2 month, 3 days Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sanatorium Colored Branch, Henryton, Maryland How long in hospital or institution?	City or town (If outside city or town limit street No. 514 N . Calhou (If rural, give 2.(a) If veteran, name war	e LOCATION)
	3. (a) FULL NAME JAMES EDWARD JO	NES	3. (b) Social Security Number Lost
l	4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced		ERTIFICATION
	male col. married	20. DATE OF DEATH July 19.	
	6.(b) Name of husband or wife Violetta Jones 5.(c) If alive, give age years 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) August 1, 1912 8. AGE: Years Months Days If less than one day 32 11 18 hrs. min. 9. Birthplace Virginia (Town, connty, and state) Presser 10. Usual occupation Presser 11. Industry or business 12. Name Edward Jones 13. Birthplace Virginia	21. I CERTIFY that death occurred on the date ab May 16, 19. and that I last saw h. 1m. alive on J. Immediate cause of death Pulmonary Tuber Due to	45 % July 19, 19 uly 19, 19 culosis Jul 19
	E 14. Malden name Bessie Young	Major findings of operations	
	14. Malden name Bessie Young 15. Birthplace Virginia 16. Informant Reuben Hoffman, M.D. Address Henryton, Maryland 17. Date thereof (Burth) (Ger) (year) Wheter or crematory The Maryland 18. Maryland 19. Mar	Autopsy results PHYSICIAN: Please underline the cause to will 22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	
	Address 512 M. Carwellan Cue;	23. SIGNATURE Recleer To	Huan, m. D.

information care of death clearly

FOR BINDING

MARGIN RESERVED

PLEASE

(Date rec'd by registrar)

VS A15

the land of the wint CIA DA LA DA >6} Burning and the Holl

3. (b) Social Security Number

DURATION

1945

ERTIFICATE	OF	DEATH	*

1. PLACE OF DEATH: Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Henryton, Md. (If outside city or town limits, write RURAL and give nearest town)	State Maryland County City or fown Baltimore (If outside city or town limits, write RURAL and give nearest town)
How long in above piece of death? Haspital, institution, or street address where death occurred: Mary Land Tuberculosis Sanatorium Colored Branch, Henryton, Mary Land	Street No. 1302 Myrtle Avenue (If rural, give LOCATION)
	0 (a) 14 valence name way

3. (a) FULL NAME

5. Color or race

colored single male 6.(b) Name of husband or wife..... 7. Rirth dale of July 4, 1903 deceased (mo., day, yr.) If less than one day 8. AGE: Months 42

Virginia

(Town, county, and state)

6.(a) Single, married, widowed, or divorced

12 Name Sam Jubilee Vieginia

Cook

? Smith

Virginia 16. Informant Reuben Hoffman, M.D.

Henryton, Maryland

20. DATE DE DEATH

MEDICAL CERTIFICATION

July 10. 19 45 at 11:20 m 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Immediate cause of death Jan.

Pulmonary Tuberculosis

Where did Injury occur?

(Include pregnancy within 8 months of death)

Major findings of operations.....

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

(City or town) (County)

Injured at home, tarm, Industry, public place (where?)

Henryton,

information of death clea

important.

PLAINLY, V is especially

MARGIN RESERVED FOR BINDING

8. Birthpiece.....

1D. Usual occupation... 11. Industry or business

14. Malden nar 15. Birthplace

Address

14. Malden name.

(month) (day) (year)

Meens of Injury



Reg. Dist. No.

2. USUAL RESIDENCE (HOME) OF DECEASED: (If ontside city or town limits, write RURAL and give nearest town) (If rural, give LOCATION) 3. (b) Social Security Number

MEDICAL CERTIFICATION 21. I CERTIFY that death occurred by the date above stated: that I attended deceased from DURATION

22. VIOLENCE: If death was due to external causes, flii in the foilowing;

(Connty)

Injured at work?

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

CEDTIFICATE OF DEATH

			CERTITICAL	E OF DEATH	Reg. Dist. No	
1. PLACE OF DE	Carro	11		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	other)	
77117	al mase 5	ykest	ille	State Mary land Count	Washingto	n
Hospital, Institution, o Sprin	street address where degrield St	eath occurred	Hospital	City or town rural near Ha (If outside city or town limits, Street No. (If rural, give L	gerstown write RURAL and give near	rest town)
How long in hospital o	r Institution? 26 3	r., (mo., 29 days	2.(a) If veteran, name war	***************************************	
3. (a) FULL NAM		rles	C. Manyett		3. (b) Social Security 1	Number
4. Sex	5. Color or race	6.(a)Single	, merried, widowed, or divorced	MEDICAL CE	RTIFICATION	
male	white	si	ingle	20. DATE OF DEATH July 25	19.45	.3:40p.
		8. (c) It alive, give ageyears	21. I CERTIFY that death occurred on the date above May 1 19	43 b July 25 ly 25	1 <u>45</u> 19 45
8. AGE: Year 54		Days 23		Acute bronchopneum	onia	duration 4 days
10. Usuat occupation.	common s	labor	nington Co., Md	Due to.		5 year
12. Name. J. E	. Manyett		Virginia	Other conditions Without psychological deficiency		life
-1	Alice Col	wain	Virginia	(Include pregnancy within 8 mo		
	ngfield Saville, A		Hosp. records	Autopsy results		
17. Burial, cremation	or removal. Which?)	Date there	ot January (year)	Accident, suicide, or homicide	Date of	
Location	Mala	0, 2	ruel-	tajured at home, tarm, tadustry, public place (whe	re?)	
18. Funerat director	Zur of.	Bas	Ay Low	Means of Injury Robert Bertrand Ma:	injured et work?	
10	27 1845 gistrar)		Wacry Weer	23. SIGNATURE Token Rose Springfield State Address Sykesville, Mar	Trans May	m.Q. rother -25-45

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and JARGIN RESERVED FOR BINDING PLEASE VS A15

rect age



2411 N. Charles St., Baltimore

	CERTIFICATE OF DEATH	16
1. PLACE OF DEATH: arroll	2. USUAL RESIDENCE (HOME) OF DECEASED (For newborn infance give residence of mother)	
City or town	state Musique nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nonress	ut town)
How long in hospital or institution?		
3. (a) FULL NAME Josep.	h H. Ogle 3. (b) Social Security Nu	mber
h. 1 1 4 2	widowed, or divorced MEDICAL CERTIFICATION 20, DATE OF DEATH. 28 19 45	4: A:
8.(b) Name of husband or wite Kate	21. I CERTIFY that death occurred on the date above stated; that lettended deceased give age. 99. 19. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	d from
7. Birth date of deceased (mo., day, yr.)	1879 and the last saw allive on	199
11 0 11-	s than one day	DURAYON
9. Birthplace	yland Due to William Clerage	2
1D. Usual occupation	Due to	
11. Industry or business 12. Name. Albut Ogle 13. Birthplace Many	Other conditions	
13. Birthplace Many Let /Keller	(Include pregnancy within 5 months of death)	
	Major findings of operations	
18. Interment Musical Deligible	Antopsy results	
Address P.O. Westmens 17 Burial Date thereof.	7-31-45 22. VIOLENCE: It death was due to external causes, fill in the tollowing;	
(Burial, eremation, or removal. Which?) Cemetery or crematory.	month) (day) (year) Accident, suicide, or homicide	State)
Location Langeline mille , Course	el Co. Mel. Injured at home, farm, industry, public place (where?)	
18. Funeral director	Means of Injury Injured at work?	
Address Wei fre	Cd, Mid B. SIGNATURE DE COLUMN	
19. (Date rec's by registrar)	Registrar Address Date signed	BAL

BUREAU V. JUL 33, 1945 College Blevere West District

Registrar

DURATION

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside of or town limits, write RURAL and give nearest town Hospital, Institution, or street eddress where death occurred: (If rural, Ave LOCATION) 3. (a) FULL NAME 3. (b) Social Security Number 5. Color or race MEDICAL CERTIFICATION FOR BINDING 21. I CERTIFY that death occurred on the date above stated; that i attended deceased from 6.(b) Name of husband or wife. .6. (c) If alive, give age 7. Birth date of deceased (mo., day, yr.) Immediate cause of death. DURATION if less than one day 8. AGE: RESERVED (Town, county, end state) 10. Usual occupation 11. Industry or business 13. Birtholace (Include pregnancy within 3 months of death) 14. Malden name. Major findings of operations. 15. Birthplace especially PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... (City or town) Injured at home, farm, Industry, public place (where?) Injured at work? Meens of Injury Address (Date reg d by registrar) Registrer



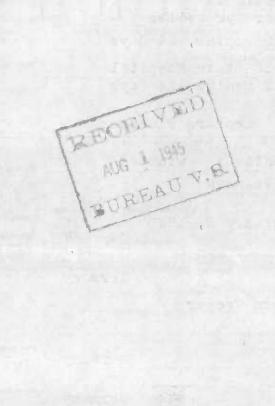
2411 N. Charles St., Baltimore 97

1021

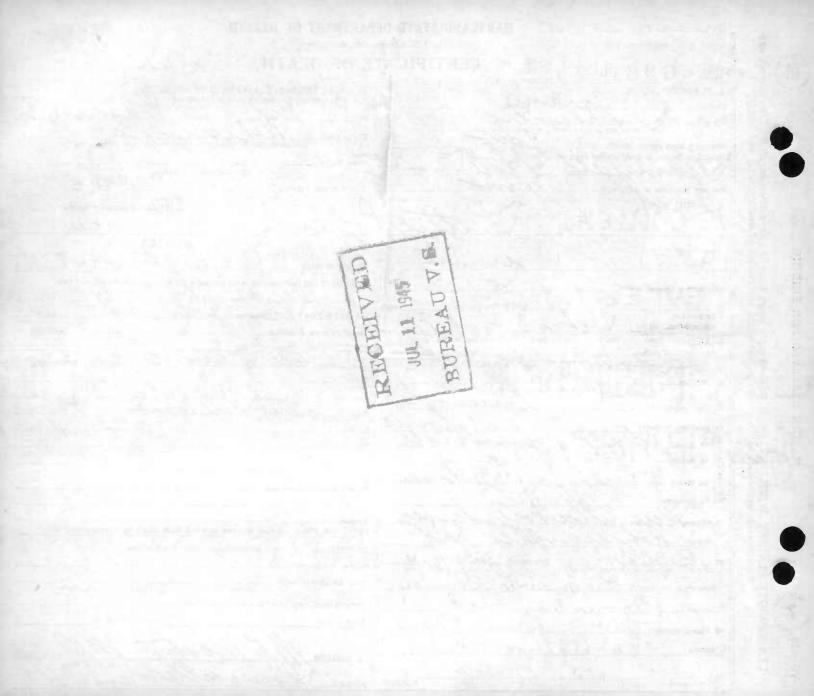
CERTIFIC	AIE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lufants give residence of mother)
rural near Sykesville	State Maryland County
(If outside sity or town limits write RIRAL and give nearest town)	City or town Baltimore City (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 months, 24 days	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Springfield State Hospital	Street No.
9 months 94 dors	(If rural, give LOCATION)
How long in hospital or institution 2 months, 24 days	2.(a) If veteran, name war
3.(a) FULL NAME Leonard Plaesser	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white widowed	
	2D. DATE OF DEATH July 28 19. 45 ,2, 7: 18p
6.(b) Name of husband or wife Eleanora	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 7 19 45 to July 28 1945
7. Birth date of February 8 1860	and that I last saw h im alive on July 28 1945
deceased (mo., day, yr.) I COI COIL O	Immediate cause of death
8. AGE: Years Months Days If less than one day	Arteriosclerosis, prior to 1944
76 5 20hrs.	
9. Birthplace	Due to.
표 12. Hame	Dther conditions Psychosis with cere-
12. Hame	
14. Malden name	(Include pregnancy within 3 months of death)
14. maiden name	Major findings of operations.
2 15. Birthplace Germany	
16. Informan Springfield State Hospital rec	O TOS
Address Sykesville, Maryland	PHYSICIAN: Please underline the cause to which death abould he charged statistically.
(Burial, cremation, or removal, Which) Date thereof. Carry (mg/th) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory I asked and Class	Where did injury occur?
Location Ballo, Sud.	Injured at home, farm, Industry, public place (where?)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4.1.
18. Funeral director of the land of the la	Robert Bertrand May, M.D.
19. 19th 2 9 19th 5 C. Slavy Telens (Date registrar) Regist	23. SIGNATURE Glofe / Bottand May M.D. Springfield State Hospital M.D. of Sther Addres Sykesville, Maryland Date signed 7-28-45

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE VS A15

MARGIN RESERVED FOR BINDING



amorting to be consumed



2411 N. Charles St., Baltimore BE

06889

CERTIFICATE OF DEATH

ge	2411 N. Charle	es St., Baltimore BE		
ect 2	CERTIFICAT	TE OF DEATH Reg. Dist. No.		
information carefully. The correct age of death clearly and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. Not known (If rural, give LOCATION)		
inform of dea	Martha Pritchard 4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
of uses	Female White Divorced	20. DATE OF DEATH July 19 1945 at 10:10p		
WITH UNFADING INK. Supply every item of important. Physicians: please write the causes	6.(b) Name of husband or wife HowArd Pritchard 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) December 15, 1911 8. AGE: Years Months Days If less than one day 33 7 4 hrs. min. 9. Birthplace America (Town, connty, und state) 10. Usual occupation. None 11. Industry or business ——— 12. Name John Grainger 13. Birthplace Ireland 14. Maiden name Emily Ellicott 15. Birthplace America	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from To brue any 19 4 5 10 19 19 19 19 19 19 19 19 19 19 19 19 19		
PLEASE WRITE PLAINLY, V	16. Informant Records of Springfield State Address Hospital, Sykesville, Md. 17. Comparison of Springfield State Bate thereof Management (Month) (day) (year) Comparison of Comparison (Month) (day) (year) Location of Comparison (Month) (day) (year) Location of Comparison (Month) (day) (year) 18. Funeral director of Management (Month)	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) Injured at home, farm, industry, public place (where?) Means of injury 1 injured at work? 23. SIGNATURE. Helmut Trages M. D. or other Address Fring full State Hesperial Illebate signed 7-20-45		

MARGIN RESERVED FOR BINDING

VS A15



FOR BINDING



legibly.

and carefully

clearly

information of of death clea

causes

important.

of

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town lights, write RURAL and give nearest town) How long in above place of death?..... (If outside city or town limits, write RURAL and ope nearest town) Hospital, institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution? 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Color or race MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from 8.(c) If alive, give age 7. Birth date of deceased (mo., day, yr.) DURATION 8. AGE: Days If less than one day 9. Birthplace..... (Town, county, and state) 4 armer 10. Usual occupation... 11. Industry or business 12. Name. 12. Name Delsury (Include pregnaucy within 8 mouths of death) 14. Maiden name Justa Major findings of operations ... 15. Birthplace Autopey results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: It death was due to external causes, fill in the tollowing; (month) (day) (year) Accident, suicide, or homicide..... Where did injury occur? (City or town) Injured at home, tarm, industry, public place (where?) ... Injured at work? Address

Registrar

SA

PLEASE

(Date rec'd by registrar)

Car Sin Para Andrew



THE REAL PROPERTY.

06893

2411 N. Charles St., Baltimore 32

CERTIFICATE OF DEATH

Date signed 7-3-45

	Reg. Diat. No.
1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Sykesyille (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 month, 3 days	State Maryland County Montgomery City or town Bathesda (If outside city or town limits, write RURAL end give nearest town)
Hospital, institution, or street address where death occurred: Springfield State Hospital How long in hospital or institution? 1 month, 3 days	Sireet No. (If rural, give LOCATION)
	2.(a) If veteran, name war
3.(a) FULL NAME Emily Viola Sickler	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, merried, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE DF DEATH July 3 1945 at 725
8.(b) Name of husband or wife Forrest V. Sickler 7. Birth date of deceased (mo., day, yr.) January 18, 1875	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.45 to July 3 19.45 and that I last saw h ev alive on July 19.45
8. AGE: Years Months Days If less than one day 12hrs	Immediate cause of death DURATION
9. 6irthplace Williamstown, Pennsylvania (Town, county, and state) 10. Usual occupation Nursa	Due to Generalized arterior claronis
11. Industry or business	00010
E 12. Name Pennsylvania	Sychonic cerebral arteristelessis.
14. Maiden name Emma McPurdy 15. Birthpiace Pennsylvania	(luciude pregnancy within 3 months of death) Major findings of operations.
16. Informant Forrest V. Sickler, husband	Autopsy results. Date of op.
Address 5741 Lambeth Rd., Bethesda, Md 17. (Burlai, cremation, or removal, Whigh?) Cemetery or crematory. (West)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Milliamstours, M.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Constitution of the state of the sta	Injured at work!
Address Sykesville, Hid.	23. SIGNATURE 6 dward 2, Kerman 74)
19. Mary Seristrar) 19. Mary Seristrar Registrar	Address / Ly/Cesulle Ind Bate signed 7-3-41

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

A15 VS

RGIN RESERVED FOR BINDING



2411 N. Charles St., Baltimore (Ba)

CEDTIFICATE OF DEATH

168947

CERTITICA	Reg. Diat. No.
1. PLACE OF DEATH: County. City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Mospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County County City or town (11 outside city or town limits, write RURAL and give nearest town) Street No. Man (11 rural, give LOCATION)
How long in hospital or institution?	. 2.(a) If veteran, name war
3. (a) FULL NAME Achel Chel Have 4. Sex 5. Color or race / (6.(a) Single married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
Female Nulita Reglowed	20. DATE OF DEATH Tuly - 27 19.45 at 2:20 Am
6.(b) Name of husband or wife Andrew S. Sitalive give age Dladver	21. I CENTIFY that death occurred on the date above stated; that Lattended deceased from
7. Birth date of deceased (mo., day, yr.) Dec. 27- /86/	and that I last saw had alive on19.63
8. AGE: Years Months Days If less than one day 3 7 0hrs. min.	Immediate cause of deeth
9. Birthplace Carcell Ca. Md. (Town, county, and state)	Due to. Ally o Carlles Justes
11. Industry or business Retrief	Due to artirio Admiris 6 750
12. Name face thought 13. Birthplace Carroll Co. md.	Other conditions
14. Maiden name Maria Halin	
14. Maiden name Maria Halin 15. Birthplace Carnall Co. Mod.	Major findings of operations
Address (Lestmintes Md. P. A.	Antopsy results. PHYSICIAN: Please underline the cause to which death should he charged statistically.
17 Burial Bate thereof Fuly - 35 - 1943 (Burial, cremation, or removel, Which?) (Burial, cremation, or removel, Which?)	22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide
Cemetery or crematory Priders Cometery	Where did injury occur? (City or town) (County) (State)
Location Land Current Les Me	, Injured at home, farm, Industry, public place (where?)
Address Tibleslown, PA, Res. R. A. L.	66. 8 F. + Out
19. 7/27 19 45 Alleson	23. SIGNATURE M. D. or other
(Date rec's by registrar) Registrar	Address



IF AND IN TANKEN

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 900 CERTIFICATE OF DEATH 1. PLACE OF DEATH: . The collegibly. 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County Carrol on carefully. (If outside city or town limits, write RURAL and give nearest town) (If rural, give LOCATION) information of death cles How long to hospital or institution? 2.(a) It veteran, name war... 3. (a) FULL NAME 4. Sex 5. Color or race MEDICAL CERTIFICATION tem of causes MARGIN RESERVED FOR BINDING 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6.(b) Name of husband or wife..... 7. Birth date of 1905 deceased (mo., day, yr.) Supply If less than one day 8. AGE: UNFADING INF ant. Physicians: 10. Usual occupation 11. Industry or business important (Include pregnancy within 3 months of death) Major findings of operations ... 15. Birthplace PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: tf death was due to external causes, till to the tollowing; (Buriel, cremation, or removal, Which? Accident, suicide, or homicide, Where did injury occur? Injured at home, farm, industry, public place (where?) .. Means of Injury PLEASE Address (Date rec'd by registrar) Registra

3. (b) Social Security Number 220-09-5726

(State)

Injured at work?

RECEIVED

AUG 2 1945

BUREAU V.B.

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The case especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: County					2. USUAL RESIDENCE (HOME) OF DECEA (For newborn infants give residence of mother) Slate Maryland County City or town Baltimore to Pl (If outside city or town limits, write RI Street No. 926 Bennett Pl (If rural, give LOCATIO 2.(a) If veteran, name war.	Luce CURAL and give ne Lace ON)	earest town)
3. (a) FULL NAME		JAI	MES STEVENS.	JR) Social Security	Number
4. Sex 5	. Color or race		e, married, widowed, or divorced	011.	MEDICAL CERTIFI	ICATION	
male	col.		single		20. DATE OF DEATH July 27,		a 1:10 P
6.(b) Name of husband or wife					21. I CERTIFY that death occurred on the date above stated: Nay 28	July 2	19.45
8. AGE: Years	Months 2	Days 7	It less than one day	min	Pulmonary Tuberculos	is	March 1945
9. Birthplace Baltimore, Md. (Town, county, and state) 10. Usual occupation Scholar 11. Industry or business 12. Name James Stevens					Due to		
13. Birthplace Cambridge, Md. 14. Maiden name Gertrude Millicent 15. Birthplace Charles County, Md.					(Include pregnancy within 3 months of a		
16. Informant Reuben Hoffman, M.D. Address Henryton, Maryland					Autopsy results		
Address Henry Con, Mary Land 17. Buil Date thereof (morth) (day) (year) Cemetery or crematory Admitted Parks				22. VIOLENCE: If death was due to external causes, fill in the Accident, suicide, or homicide	Date of	(State)	
Location					injured at home, farm, Industry, public place (where?)		***************************************
18. Funeral director Miss. State State Address 578 W. Betelle At Balto, 19. July 27, 19. 45 aller the formation of the Color Registrar Deputy Local Registrar				,	23. SIGNATURE Reaben Hoffe		n · D . or other 7-27-45

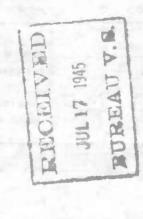


	PARTMENT OF HEALTH 116897
2411 N. Charle	es St., Baltimore 93-7
CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Daras Ll	State Med. County Coursell
City or lown (If outside city or town limits, write RURAL and give nearest town)	City or town Rand Wishminson
How long in above place of death? 20 mos. Hospital, institution, or street address where, teath occurred:	(If outside city or town limits, write URAL and give nearest town)
Hospital, Institution, or street address where reath occurred:	Sireet No. 15-5 (If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Harriette margaritani	in Stulty
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7 Widow	20. DATE OF DEATH July 9 18 45 21 600 1
8.(b) Hame of husband or wife Charles Stufty	21. I CERJIFY that death occurred on the date above stated: that I altended deceased from
7. Birth date of	and that I last saw hards alive on 19.55
deceased (mo., day, yr.) Nov. 3 - 18 64	Immediate cause of least DURATION
8. AGE: Years Months Days If less than one day	acute Cardia
80 8 6hrsmin.	a lateting a few y
8. Birthplace Larroll Co. Mad. (Town, county, and state)	Due to
10. Usual occupation.	Due to.
11. Industry or business	
12. Name I haduss Pothus ber 9/	Other conditions
Z 13. Birthplace Lumanus	(Include pregnancy within 3 months of death)
14. Malden name Balbalbala Gingling	(Include pregnancy within 3 months of death) Major findings of operations
15. Birthplace Carroll Co. Ind.	Bate of op.
16. lotormant Mrs. B. A. young	Autopsy results
Address 15 3 Liberty St. Westminister Med.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B. 11-1945	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory The Jame O Com.	Where did injury occur?
Location West Shandles Dad.	Injured at home, farm, Industry, public place (where?)
18. Funeral director ABank and Son	Means of injury lojured at work?
Address Destinimator, Mer.	of like & Fout wo
7/1/2 csr 2/11.20	M. D. or other
19. (Date rec' by registrar) Registrar	Address of saturation my Date signed 7/9/45



MARYLAND STATE DEPARTMENT OF HEALTH age 2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) COUNTY CARROLL Siate IMERYLAND COUNTY CARROLL (If outside city or town limits, write RURAL and give nearest town) carefully. (If outside city or town limits, write RURAL end give nearest town) Hospital, Institution, or street address where death occurred: clearly WASHINGTON RD. (If rural, give LOCATION) information of death clear How long in hospital or institution?.... 2.(a) If veteran, name war 3. (a) FULL NAME 3. (b) Social Security Number W. FRANK THOMAS 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MARGIN RESERVED FOR BINDING Jo MALE WHITE MARRIED 6.(b) Name of husband or wife FNNE LLOYD 21. I CERTIFY that death occurred on the date above stated: that attended deceased from 7. Birlh daig of NOVEMBER 30, 1880 deceased (mo., day, yr.) Supply lease wri BURATION If less than one day 8. AGE: Years 65 WESTMINSTER, (Town, county, and state) UNFADING IN ant. Physicians 10. Usoal occupation TROAD CONSTRUCTION (RETO) 11. Industry or business WILLIAM TS, THOMAS 12. Name..... important 13. Birthniace MARYLAND (Include pregnancy within 8 months of death) 14. Malden na 15. Birthplace REBECCA FENTON 14. Malden name. Major findings of operations MARYLAND MRS W. F. THOMAS 16. Informant... PHYSICIAN: Please underline the cause to which death should be charged statistically. WESTMINSTER, MD Address 22. VIOLENCE: If death was due to external causes, fill in the following; Burial, eremation, or removal. Which? Accident, suicide, or bomicide..... Where did injury occur? TMINOTER WRITE (City or town) (County) injured at home, farm, industry, public place (where?) Injured at work? Means of Injura PLEASE

Address



2411 N. Charles St., Baltimore

06899

11:45Am

OURATION

Dec. 23, 1944

CEDTIFICATE OF DEATH

-	
7.5	R
1. 4	

			-	47
_			-	74
Reg.	Dist.	No.	 	

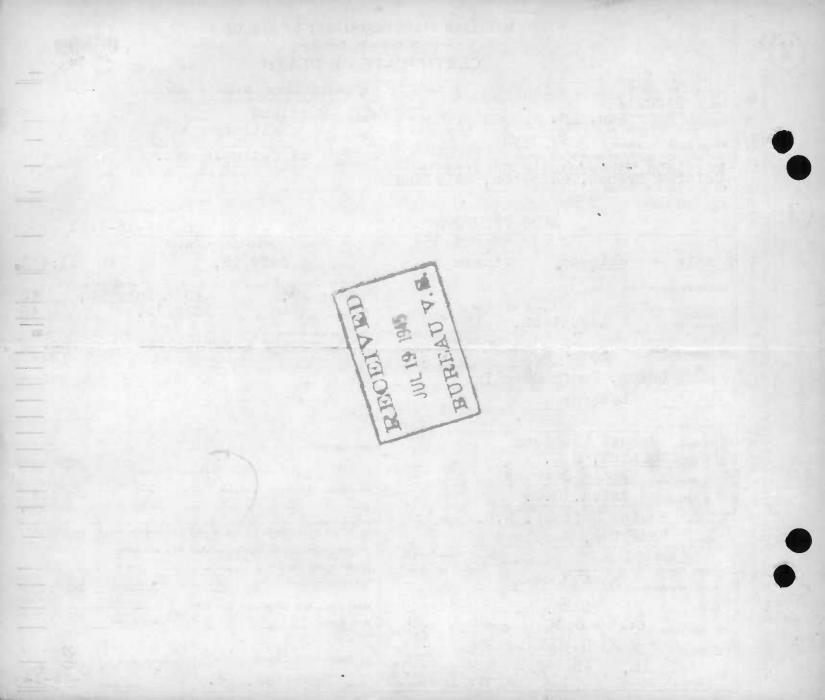
CERTITICAL	Reg. Dist. No.
1. PLACE OF DEATH: County Carroll City or lown Henryton, Md. City or lown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 17 days Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sanatorium Colored Branch, Henryton, Maryland How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Baltimore City or town (If outside city or town limits, write RURAL and give nearest town) 1408 Argyle Ave. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME AMOS THOMPSON	3. (b) Social Security Number 227-16-7291
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced male colored single	MEDICAL CERTIFICATION 20. DATE OF DEATH July 15, 19 45 211:
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 28, 1945 to July 15, 18 and that I last saw h. im alive on July 15, 18
8. AGE: Years Months Days It less than one day 27 10 23 hrsmln.	Pulmonary Tuberculosis Pulmonary Tuberculosis 19
9. Birthplace Union, South Carolina (Town, county, and state) 10. Usual occupation Laborer 11. Industry or business	Due to
12. Name. Samuel Thompson 13. Birthplace Union, S.C.	Other conditions
14. Maiden name. Viola Dawkins 15. Birthplace Union, S.C.	(Include pregnancy within 3 months of desth) Major fiadings of operations
16. Intermant Reuben Hoffman, M.D. Address Henryton, Maryland	Autopsy results
17. Burial Oate thereot 7-17-45 (Burial, cremation, or removal. Which?) Cemetery or crematory Location Oate thereot 7-17-45 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide
18. Funeral director. Elioy o. Wilson Address / Do Beautley and	Mesns of Injury Injured at work?
19. July 15, 19 45 When Sur Locardistrar	M. D. or other

WITH UNF

WRITE

PLEASE

or other 7-15-45



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

RE

			CERTIFICAT	Reg. Diat. No		
1. PLACE OF DE	EATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Henryton				State Maryland County		
City or town		21 days	City or town Baltimore, Maryland. (If outside city or town limits, write RURAL and give nearest town) 1025 N. Caroline St.,			
Colored How long in hospital o	Branch, H	enryt	on, Md.	(If rural, give LOCATION) 2.(a) It veteran, name war		
3. (a) FULL NAM	ANNIE	THOME	PSON	3. (b) Social Security N	lumber	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
female	colored	qt	ngle	2D. DATE OF DEATH. July 21, 19 45	6 254	
	10020204	-	1010			
5.(¿) Name of husband 7. Birth date of deceased (mo., day,	Manah	6. (6	e) It alive, give ageyears	21. f CERTIFY that death occurred on the date above stated; that I attended decease April 30 19 45 10 Fuly 21 and that I last saw h. er alive on July 21	19.45	
8. AGE: Years		Days 8	It less than one dayhrsmin.	Pulmonary Tuberculosis	Feb. 1945	
10. Usual occupation	Scholar s at scho	ol ol	tate)	Due to		
12. Name. Theodore Thompson 13. Birthplace Chester, S. C.				Dther conditions	***************************************	
K	Mattie Gl	aden		(Include pregnancy within 3 months of death)		
	Chester,			Major findings of operations		
				Date of op		
16. Informant Reuben Hoffman, M. D.				Autopsy results		
Address Henryton, Md. 17 Dura Date thereof Date thereof (mankh) (day) (year) Cometery or crematory Caluary Cur Location Camagodis Poad			(month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide		
			Poad.	Where did injury occur?		
18. Funeral director. Mrs Robert Ellist & daughier			Clisto adaughier	Means of Injury Injured at work?		
Address / / 1		rolin	0.84.	23. SIGNATURE Reuben Hoffman. n	· O.	
7/21 (Date rec'd by re	gistrar) 45	pully	LOCAL Registrar	M. D. or		



2411 N. Charles St., Baltimore (847)

CERTIFIC	CALE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: .	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Sykesville (If ontside city or town limits, write RURAL and give nearest town)	State Baltimore County
(If ontside city or town limits, write RURAL and give nearest town)	Poltimone
How long In above place of death? 2 months, 9 days	(If outside city or town limits, write RURAL and give nearest town)
dospital, Institution, or street address where death occurred: Springfield State Hospital	Street No. 1370 Andrea Street
How long in hospital or institution? 2 months, 9 days	(If rural, give LOCATION)
	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Frances Vacovsky	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE DF DEATH July 4, 19. 45, at 9:39
6.(b) Name of husband or wife Albert Vacovsky	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 25 19 45 to July 4 19
T. Birth date of deceased (mo., day, yr.) 1891	and that I last saw h er alive on July 4, 1945
8. AGE: Years Months Days If less than one day	Immediate cause of death
54 ? ?hrs.	min. Mesenteric Thromboses 3 day
9. Birthplace. Czechoslovakia (Town, county, and state)	Due to
10. Usual occupation. Domestic work	
10. Usual occupation	Due to
11. Industry or business	
12. Name John Mathews 13. Birthplace Czechoslovakia	
₹ 13. Birthplace Czechoslovakia	alzheimen Di Sease (Include pregnancy within 3 months of death)
14. Maiden name Mary ? 15. Birthplace Czechoslovakia	(Include pregnancy within 3 months of death)
Czechoglowoki o	Interior mentals or obstantons
2 15. Birthplace 2 Control of Control of Chart	
16. Informant Records of Springfield State	
Address Hospital, Sykesville, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Rurial 7/7/A5	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial Date thereof 7/7/45 (month) (day) (year	
Cemetery or cremXXX Oak Hill	Where dld injury occur?
Phila. Rd. Balto. Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director Charles E. Schimunek	Masns of Injury Injured at work?
Address 2601 E. Madison Street	- 22 Marines / Cedward 3. Kerman
10)-6 10 5 Propose	M. D. or other
19. (Date rec'd by registrar) Reg	istrar Address Ly Resville, 2nd Date signed 7-5-4

2411 N. Charles St., Baltimore



1. PLACE OF DEATH: County and the control of the county of	CERTIFICAT	E OF DEATH Reg. Diat. No.
City or town. I Mandal Control of the Control of th		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
How long in above place of dealth? Coling or town. Coling or		State Maryland County Carroll
Street Ro. Str	(If outside city or town limits/write RURAL and give nearest town)	City or town Russly near lare showester
Now long in hospital or institution? 3. (a) FULL NAME Curre For any Warehouse 4. See S. Color or race 4. See S. Color or race 5. Color or race 6. (c) Single, married, widewed, or diverced T. Birth date of decaded fum, day, yr.) About 9 18 66 8. AGE: Tears Months 9. Birthplace 10. Usual occupation 11. Industry or business 12. Some Survey and state) 14. Medden name Married 15. Birthplace 16. Intermal Living 17. Birthplace 18. Intermal cause, fill in the following: 18. Intermal causes, fill in the following: 19. Authory receibs 10. Usual occupation. 11. Industry or business 12. Some Survey Su	How long in above place of death?	0 - 1/11
3. (a) FULL NAME Churie Forney Warehuse 4. See 5. Color or race 6. (b) Name of husband or wife TOTAL 8. (c) It alive, give age 7. Birth date of deceased (me., day, yr.) April 9 8. (c) It alive, give age 7. Birthplace 8. AGE: Vears Months 9. Birthplace 10. Usual occupation 11. Industry or business 12. Is me. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Indoornant 17. Birthplace 18. Indoornant 19. Industry or business 19. Industry or busi		
4. See S. Color or race P6. (a) Single, married, vidowed, or diverced 3. MEDICAL CERTIFICATION 20. DATE OF DEATH. 10. Months of husband or wife. 11. Industry or husiness 12. Birthplace. 13. Birthplace. 14. Malden name. 15. Birthplace. 16. Industry or husiness 17. Birthplace. 18. Industry or husiness 18. Industry or husiness 18. It. Malden name. 19. Industry or husiness 19. It. Industry or husiness 19. It. Industry or husiness 19. It. Industry or husiness 10. Use to. 11. Industry or husiness 12. It. Manden name. 13. Birthplace. 14. Malden name. 15. Industry or husiness 16. Industry or husiness 17. Birthplace. 18. Industry or husiness 18. Industry or husiness 19. Industry or husiness 19. Industry or husiness 19. Industry or husiness 10. Use to. 11. Industry or husiness 12. Industry or husiness 13. Birthplace. 14. Malden name. 15. Industry or husiness 16. Industry or husiness 17. Birthplace. 18. Industry or husiness 19. Industry or husiness 19. Industry or husiness 10. Use to. 11. Industry or husiness 12. Industry or husiness 13. Birthplace. 14. Malden name. 15. Industry or husiness 16. Industry or husiness 17. Industry or husiness 18. Industry or husiness 18. Industry or husiness 19. Industry or h	Now long in hospital or institution?	2.(a) 11 veleran, name war
4. See 5. Color or race 6. (a) Single, married, widowed, or divorced 7. Birth date of deceased (mo. dar, yr.) April 9 866 8. AGE: Years Months Bays It less than one day 9. Birthplace Months Carried (mo. dar, yr.) April 9 18 66 8. AGE: Years Months Bays It less than one day 10. Usual occupation. 11. Industry or business 12. I DERTIFY that death occurred on the date above stated; that I attended deceased from and that I last saw make on less than one day 19. Birthplace Months Bays It less than one day 10. Usual occupation. 10. Usual occupation. 11. Industry or business 12. Name December of death. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant Multiplace 17. Birthplace 18. Informant Multiplace 18. Informant Multiplace 19. Date thereof. 10. Usual occupations. 10. Usual occupation. 11. Industry or business 12. Name December of death. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant Multiplace 17. Birthplace 18. Informant Multiplace 18. Informant Multiplace 19. Date thereof. 19. Date ther	(Lunie Forney Warehine	
6.(b) Hame of husband or wife. Howard W. Manufalled S. (c) If alive, give age 77 years deceased (no., day, yr.) April 9 18 65 8. AGE: Years Months Days It less than one day 2 hrs. min. 9. Birthplace. Manufalled W. Manufalled	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	
8.(b) Hame of husband or wife. The state of	J. W married	
Immediate cause of death DURATION		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Immediate game of death DURATION	7. Right date of	
8. AGE: Years Months Bays It less than one day 9. Birthplace Manufacture (Town, country, and state) 10. Usual occupation (Town, country, and state) 11. Industry or business 12. Name Major findings of operations. 14. Major findings of operations. 15. Birthplace Polyman (Include pregnancy within 3 months of death) Major findings of operations. 16. Informant MM Address Major findings of operations. 17. Major findings of operations. 18. Informant MM Autopay results. 19. Autopay results. 22. VIOLENCE: It death was due to external causes, fill in the following: 19. Autopay results. 22. VIOLENCE: It death was due to external causes, fill in the following: 19. Autopay results. 22. VIOLENCE: It death was due to external causes, fill in the following: 22. VIOLENCE: It death was due to external causes, fill in the following: 22. VIOLENCE: It death was due to external causes, fill in the following: 23. Autopay results. 24. Autopay results. 25. VIOLENCE: It death was due to external causes, fill in the following: 26. Autopay results. 27. VIOLENCE: It death was due to external causes, fill in the following: 28. Accident, suicide, or homicide. 29. Where did injury occur? (City or town) (County) (State)	deceased (mo., day, yr.)	
9. Birthplace Than I willing County, and state) 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant Address 17. Address 18. Informant Address 19. Date thereof. (usongh) (days' (year)) Cemetery or crematory. 19. Birthplace Due to. Due to. Due to. Due to. Uther conditions (include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results PHYSICIAN: Please anderline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of . Where did injury occur? (City or town) (County) (State)	0. Add.	Canada has Odd Land and
10. Usual occupation. At Marker Wife 11. Industry or business 12. Name. Database Journa Geath) 14. Maiden name. Database Petral Geath 15. Birthplace Petral Geath 16. Informant Markers Petral Geath Major findings of operations. 18. Informant Markers Petral Geath Major findings of operations. 18. Informant Markers Petral Geath Major findings of operations. 18. Informant Major findings of operations. 19. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following: 17. Generatory Markers Balkards County (year) Cemetery or crematory Markers Balkards County (State)		/
11. Industry or business 12. Name		Oue to
12. Name Survival Joseph Other conditions 13. Birthplace 14. Maiden name Survival Major findings of operations 15. Birthplace 16. Informant Multiplace 17. Major findings of operations 18. Informant Multiplace 18. Informant Multiplace 19. Major findings of operations Major findings of operations Date of op. Autopsy results PHYSICIAN: Please anderline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following: Cemetery or crematory Major findings of operations Other conditions (Include pregnancy within 3 months of death) Major findings of operations PHYSICIAN: Please anderline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State)		Due to.
13. Birthplace 14. Maiden name. Mary Clary Major findings of operations. 15. Birthplace 16. Informant May Address 17. Major findings of operations. 18. Informant Major findings of operations. 19. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following: 17. Major findings of operations. 18. Informant Major findings of operations. 19. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following: 18. Informant Major findings of operations. 19. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following: 18. Informant Major findings of operations. 22. VIOLENCE: It death was due to external causes, fill in the following: 19. Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State)		
14. Maiden name. Name Political (Include pregnancy within 3 months of death) 15. Birthplace 16. Informant May Address Westwards R.D. Date thereof (Month) (day) (year) (Burial, cremation, or removal, Which?) Cemetery or crematory. Make Superior (County) (State)		Other conditions
18. Informant Maintenant M	9 -	(include pregnancy within 3 months of death)
18. Informant Maintenant M	14. Maiden name. A Lang. Ling.	Major findings of operations.
Address Wishumste R.D. Date thereof (Month) (day) (year) Cemetery or crematory Dunch Branch Class (City or town) (County) (State)		Date of op.
Address Wathinsta T.D	18. Informant Mr. Amaria W. Warehume	Autopsy results.
17. (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year) Cemetery or crematory Marketing States (City or town) County) Date thereof (month) (day) (year) Where did injury occur? (City or town) (County) (State)	Address Westmuster R.D. Mil.	,-
Cemetery or crematory The County State Class Where did injury occur? (City or town) (County) (State)	17. State of the s	
Location Mlan, Wit Amessister, Mil Injured at home, farm, industry, public place (where?)		Where did injury occur? (City or town) (County) (State)
	Location Men, Wastensesster, med	Injured at home, 1arm, Industry, public place (where?)
18. Füneral director. X. X. Massas S. Means of Injury. Injured at work?	18 Filheral director X. & Marian &	Means of Injury Injured at work?
Address (Westriciate, Mid A Carrent Manch Make The light Ma light Manual	all of the med	James Thurch Debute The lies Exercises
19. (Date feed by registrar) 19. (Date feed by registrar) Registrar Registrar Address Williams Not Date signed 7/11/4 S	19. 7/12 19 45 At less Swood	M. D. or other 7/11/45

Registrar Address,

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The of is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

19. (Date reckl by registrar)

MARGIN RESERVED FOR BINDING

dorrect age



2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

				II a visita proprieta (100 cm) o	T DECELORD	
1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County			RURAL and give nearest town)	State Maryland County Carroll City or fown Tancytown (If ontside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:				Street No. (If rural, give LOCATION)		
	or institution?			2.(a) If veteran, name war		
3. (a) FULL NAM		S. Wel	k		3. (b) Social Security None	Number
4. Sex Female	5. Color or race	1	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	at9.45Pat
B.(b) Name of husband	or wifeCharl	es P.	Welk	21. I CERTIFY that death occurred on the date ab July 23 19.		
7. Birth date of deceased (mo., day,			c) If alive, give ageyears	and that I last saw h.er alive on Jul	y 30	19.4.5
8. AGE: Year	s Months	Days	If less than one day	Coronary Occlusio	n	12 hrs.
72	9	14	hrsmin.	Cholecystitis(chro		
	House work		state)	Due to		
FI	ley Segafo			Other conditions Umbilical h		
14. Malden name Mary Winters. 15. Birthplace Maryland.				(Include pregnancy within 8 months of death) Major findings of operations		
18. Informant Mr. Walter Welk				Antopsy results		
Address Taneytown, Md. 17. Burial Date thereof August 2, 1945 (month) (day) (year)			reof August 2, 1945 (month) (day) (year)			
Cemetery or crematoryBaust Church Cemetery				Where did injury occur?(City or town) Injured at home, farm, industry, public place (1		
Location Tyrone, Md. (Near Taneytown) 18. Funeral director C.O. Fuss & Son				Means of Injury	Injured at work?	
Address Taneytown, Md.			2 1/.4.	23. SIGNATURE A PLANE	2 Esli	Crus to
19. Add J. 19 45 Mary B. Wilt Registrar			CHI 13. Will Registrar	M. D. or other Address Taneytown, Maryland Date signed July 31, 4		

PLEASE WRITE VS A15

UNFADING INK. Supply every item of information carefully. The correct age ant. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

AUG 3 1945
BUREAU V.S.

is especially i

WRITE

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 134



1	1	1	0	1)	A	
ę	b	U	<7	1 1	4	

CERTIFICATE OF DEATH

4	М	×	p	
	P	٩		

Reg. Diat. No.

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Carrol Henryto	n. Marvl	and sa	State Maryland County		
(If outside c	ity or town limits, w	and JS rite RURAL and give nearest town)	Haltimore	1117	
		1 mo., 13 days	Cily or town Baltimore, (If outside city or town limits	, write RURAL and give nearest town)	
Hospital, institution, or street a Maryland Tu	iberculos	sis Sanatorium	Street No. 1130 Alreyte Avenue		
Colored Bra	anch, Her	sis Sanatorium iryton, Maryland	(If rural, give		
3. (a) FULL NAME	VII 3	***************************************	2.(a) It veteran, name war		
30 (0) 1 3 2 2 1 1 1 1 1 1	ਸਾ	LIZABETH WILSON	3. (b) Social Security Number		
4. Sex 5. Cole		Single, married, widowed, or divorced	The state of the s	none	
				ERTIFICATION	
female co		married	20. DATE DE DEATH July 9,	19.45 at 6:20°	
6.(b) Name of husband or wite	Stanley	Wilson	21. I CERTIFY that death occurred on the date above May 26,		
7. Birth date of		6.(c) It alive, give ageyears	and that I last saw h. e.T. alive on Ju		
deceased (mo., day, yr.)		1907	Immediate cause of death	DURATION	
o. Ada.	lonths Day	s If less than one day	Pulmonary Tuberco	ulosis May	
37	8 2	hrsmin.		1943	
9. Birthplace	Will, We	st Virginia	Due to		
10. Usual occupation	Elevator	Operator			
11. Industry or business			Due to		
	ge Dawson	1	Other condillons		
		st Virginia			
H 14. Maiden name AI			(Include pregnancy within 3 m	onths of death)	
[Vest Virginia	Major findings of operations		
				Date of op	
		, M.D.	Autopsy results		
Address OHenryt	con, Mary	rland	PHYSICIAN: Please underline the cause to whi		
(Burial, cremation, or rem	Date	thereot (month) (day) (year)	22. VIOLENCE: It death was due to external caus Accident, suicide, or homicide		
Cemetery or crematory		, , , , , , , , , , , , , , , , , , ,	Where did injury occur?(City or town)		
R	moke		(City or town) Injured at home, tarm, industry, public place (whe		
Location	Y.	T)	Meens of Injury	Injured at work?	
18. Funeral director	Jana	ee J. Kensley			
Address 578	V Bra	dest	23. SIGNATURE Caleer 76	Gena m.D.	
19. July 9, (Date rec'd by registrar)	19. 45 d	Charles Local Registrar		M. D. or other ryland Date signed 7-9-45	



0000000

HOI

.

0000000000000

Reg. Dist. No.

_	-		
	À	1	1
3)
	-	Ti.	TO THE

MARGIN RESERVED FOR BINDING

County.....

clearly

information of death cles

of

Supply

'ADING INK Physicians:]

important.

WRITE

PLEASE

1. PLACE OF DEATH:

limits, write RURAL and give nearest town)

New leng in abeve place of death? Hospital, institution, or street address where death occurred:

How long in hospital or institution?..

3. (a) FULL NAME

6.(b) Name et husband er wife

4. Sex

T. Rirth date of deceased (mo., day, yr.)

5. Color or race

Days 8. AGE: Years

13. Usual eccupation. 11. Industry er business

13. Birthplace

14. Maiden na

Address

(month) (day) (year)

18. Funeral director

Address

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

footside city or town limits, write (If rural, give LOCATION)

3. (b) Social Security Number

DURATION

MEDICAL CERTIFICATION 20. DATE OF DEATH

21. I CERTIFY that weath occurred on the date above stated; that I attended deceased from

and that I last saw h. . . ailve on

(Include pregnaucy within 3 months of death)

Major findings of operations.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: It death was due to external causes, till in the following:

Accident, suicide, or homicide.....

Where did injury occur? (City or town) (County)

Injured at heme, farm, industry, public place (where?) Injured al work? Means et injury

M. D. or other

.. Date signed .. 7.



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 837

2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

06906

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State N. Mary Land. County
How long in above place of death? 2 4 5 5 mm, 13 days	City or town
How long in above place of death? Hospital, Institution, or street address where death occurred:	Street No. 443 N. Lakewood are.
Appringfield State Horpital	Street No. 443 M. Jakewood Que. (If rural, give LOCATION)
How long in hospital of institution? 2 you 5 mm. 13 days.	2.(a) If veteran, name war
3. (a) FULL NAME JOSEPH John WIRT.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white mined	2D. DATE DF DEATH. July 12 19.45 at 250 A.M
6.(6) Name of husband or wife Marie 5. Winth (nee Let	1 21) I CERTIFY that death occurred on the date above stated; that t attended doceased from
0, (v) water of masoning of witch the contraction of the contraction o	James 29 19 43 to July 12 19 45
7. Birth date of 9 / 20 1888	and that I last saw harmalive on July 12 19.75
7. Birth date of deceased (mo., day, yr.) November 20, 1888	Immediate cause of death
8. AGE: Years Months Days If less than one day	Ammediate cause of acerum
56 7 22nrs. min.	Cerebral thrombois 1 day
9. Birthplace. Baltimore Maryema (Town, county, and state)	Due to
10. Usual occupation Was swapen	Post to
11. Industry or business Toodworking Company	DUS 10
	Diher condition shim alcoholism withant
12. Name Bal Vimore, Md. 7.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
E. 13. Birthplace Dal 61 miles	Michael Pregnancy within 8 months of death)
# 14. Maiden name Use Many Saute	Major findings of operations.
15. Birthplace Baltimore, Md.	Major inadiugs of operations. Date of op.
1/	
16. Informant Human	Autopsy results
Address	
Burial Date thereof 7/16/45	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or XXXXX Parkwood	Where did injury occur?
3310 Taylor Ave. Balto. Md.	tniured at home, farm, industry, public place (where?)
Location	
18. Funerat director Charles E. Schimunek	Means of Injury Injured at work?
Address 2601-03 E. Madison Street	a course and to Eichert, M.P.
2/12 V5 Ha No And	Z3. SIGNATURE
(Date ref'd by registrar) (Date ref'd by registrar)	Address of I Hop - Joyper lle, ned Date signed 7-12-45

2411 N. Charles St., Baltimore (37)

CERTIFICATE OF DEATH



			CERTIFICAT	E OF DEATH	Reg. Diat. No	/4
1. PLACE OF DEATH: County Carroll				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
How long in above place Hospital, institution, or Marylan Colored How long in hospital or	enryton, static city or town lin of death? 8 mc street address where d Tubercu Branch,	Md. nits, write R nths,	URAL and give nearest town) 7 days	State. Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 1628 McCulloh St. (If rural, give LOCATION)		
3. (a) FULL NAME		LLO	D WALTER WOOD		3. (b) Social Security 1 218-01-24]	
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
male	col.		married	20. DATE OF DEATH July 27,		at.4:30A
6.(b) Name of husband or wife Eva Wood 6.(c) If allve, give age 34 7. Birth date of deceased (mo., day, yr.) May 25, 1904				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 20, 19.44 to July 27, 19.45 and that I last saw h. 1m. alive on July 27, 19.45		
8. AGE: Years 41	Months 2	Days 2	If less than one dayhrsmin.	Pulmonary Tubercu		Sept. 1944
9. Birthplace Lancaster, Va. (Town, connty, and state) 10. Usual occupation Laborer 11. Industry or business				Due to		
12. Name JC	Unknown	•••••••		Dther conditions		
				(Include pregnancy within 3 months of death) Major findings of operations.		
15. Birthplace	Virginia			Date of on.		
16. Informant Reuben Hoffman, M.D.				Autopsy results PHYSICIAN: Please nnderline the cause to which death should be charged statistically.		
Address Henryton, Maryland 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Maryland Cemetery or crematory Maryland Comparison (Maryland) Comparison (Maryland)				22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Location Wentestone, Va				Injured at home, farm, industry, public place (who		
18. Funeral director Character of two Rev			rev.	Means of injury	Injured at work?	
Address 512 Canvellin av.				a course Rouge To	Dhua m	7
19. July 2 (Date rec'd by regis	7, 45 strar)	alle	M. Swants	23. SIGNATURE LOUBER 10 Address Henryton, Md.	M. D. or	

Deputy Local

